EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE AND ATTITUDE REGARDING HEPATITIS AMONG PATIENTS ATTENDING OUTPATIENT DEPARTMENT OF GASTROENTEROLOGY AT A SELECTED HOSPITAL, SALEM.

By

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CERTIFICATE

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The highest appreciation is not to utter words, but to live by them,"

- john Fitzgerald Kennedy

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ABBREVATIONS

- HAV – Hepatitis A virus
- HBV - Hepatitis B virus
- HCV - Hepatitis C virus
- HDV - Hepatitis D virus
- HEV - Hepatitis E virus
- OPD – Outpatient department.

ABSTRACT

A study was done to evaluate the effectiveness of Structured Teaching Programme on Knowledge and Attitude Regarding Hepatitis Among Patients AttendingOut Patient Departmentof Gastroenterology at a selected hospital, Salem. Pre-experimental one group pretest posttest design was used for this study. Sixty patients were selected through Non – Probability Convenience Sampling Technique. Pretest score on Knowledge and Attitude were assessed by using Structured Questions and five - point Likert scale, pre test was conducted and intervention was given on the same day. Posttest assessment was done on the 7^{th} day by using same scales.

The findings revealed that among 60 patients 31 (51.6%) were in the age group of 41-50, 37 (61.6%) patients were males and 45 (75%) patients were Hindus. According to Education 17 (28.3%) had higher secondary education and 24 (40%) patients were employees. 27 (45%) patients had co morbid illness of Hypertension. In the pretest 32 (53.3%) patients had inadequate knowledge and in the posttest 46(76.6%) patients had adequate knowledge regarding hepatitis. In the pre test26(43.3%) patients had unfavorable attitude and, in the posttest 27(45%) patients had most favorable attitude regarding hepatitis.

The pretest mean score on knowledge was 12.6 ± 3.62 and attitude was 42.63 ± 13.95. The posttest mean score on knowledge was 26.56 ± 3.87 and attitude was 73.4 ± 14.75. The obtained 't' value on knowledge and attitude was 33.8 and 12.17 significant at $p \leq 0.05$ (table value 2.02). Hence the research hypothesis $H_1$and H_2 was retained. The correlation between the knowledge and attitude in pretest score was 0.01 and in post test score 0.29. This reveals that there was positive correlation between knowledge and attitude in posttest. Hence the hypothesis H_3 was retained at $p \leq 0.05$ (table value 0.25) level for posttest. There was a significant association between the pretest knowledge and attitude with age in year, religion and educational status of the patients (χ^2=18.2; χ^2=12.7; χ^2=17.2), (χ^2=21.09; χ^2=13.18; χ^2=17.10). Hence H_4 was retained for these three variables at $p \leq 0.05$ level. The study concluded that structured teaching programme was effective in improving the knowledge and developing most favorable attitude regarding hepatitis among patients attending outpatient department of Gastroenterology.

CHAPTER I

INTRODUCTION

"Is life worth living ? It all depends on the Liver"

-William James.

Viral hepatitis is an ongoing global infectious public health problem and a major cause of chronic liver disease , including liver cancer. Viral hepatitis has been known to exist since ancient civilizations. The contagious nature of the illness was suspected even in the eighth century. Records from major military campaigns in different continents from the 18^{th} to 20^{th} centuries, including the American Civil War and the First and second World wars, reported that "campaign jaundice" caused significant morbidity of the troops and impacted war strategies. **(David T Wong, 2015)**

Hepatitis A is referred to as one of the oldest disease known to humankind by the world health organization. Hepatitis A virus was first discovered in 1973 by Steven M Feinstone as a nonenveloped, spherical, positive RNA virus.Hepatitis A virus was an unidentified viral disease prior to this discovery. Hepatitis A virus has been called epidemic hepatitis, epidemic jaundice. Virulence factors associated with hepatitis A virus include viral agents that produce an immune response. These antibodies become present five to ten days after the initial infection. Hepatitis A virus is absorbed into the bloodstream from the small intestines and reaches the liver through portal circulation. The humans are the only known reservoir of hepatitis. Worldwide outbreak and localized infections occur more often in areas of the world where sanitation standards are poor. **(John W Woods, 2013)**

The natural history of hepatitis C virus infection remains incompletely understood in part due to differing research methods used to determine disease course across studies. There also seems to be variability in natural history between infected groups. In 1989, The Centers for disease Control and Prevention (CDCP) and Chiron company came together to identify the hepatitis C (HCV) virus, there isn't a vaccine for HCV at that time. **(Steve Kim, 2016)**

In 1977 an Italian doctor named Mario Rizzetto discovered a new nuclear antigen in the liver cells of patients infected with hepatitis B virus (HBV). The antigen was thought to be a new protein encoded by HBV, and it was labeled as the delta antigen. Subsequently research on chimpanzees, however, indicated that this antigen was derived from a new virus named the Hepatitis Delta Virus(HDV). HDV is co - infection of HBV. **(Robert Siegel, 2005)**

Despite the fact that Hepatitis E Virus was discovered only in late 20^{th} century, its origin appears to be fairly ancient. Even in geographical areas where currently hepatitis E is infrequent, epidemics of acute hepatitis with features resembling those of HEV infection were common during the 18^{th} and 19^{th} centuries. Further, a molecular – clock analysis of the currently – available HEV genomic sequences suggests origin from a common ancestor that existed between 500 and 1300 years ago.Hepatitis E as a distinct entity was first suspected nearly 30 years ago in India. (**Rakesh Aggarwal, 2017**)

Hepatitis has been a major plague of mankind. The history of the discovery of causative viruses is one of the most fascinating scientific adventure of this half century. Individualization of several types of hepatitis only emerged after World war II. Their identification has been associated with milestones which revolutionized

medicine and public health. The discovery of HBV brought the first ever vaccine not prepared by tissue culture but initially directly from plasma andsoon the first vaccine proved to be the first "anti – cancer" vaccine by preventing hepatocellular carcinoma and practically eradicating it from childhood in Taiwan. Successful vaccines became also available for HAV and more recently HEV. The discovery of HCV in 1989 opened a new era since it was the first virus was identified by direct molecular approach. **(Trepo C, 2014)**

Viral hepatitis is a cause for major health care burden in India and is now equated as a threat comparable to the "big three" communicable diseases – HIV/AIDS, Malaria and tuberculosis. Hepatitis A virus and Hepatitis E virus are predominantly enterically transmitted pathogens and are responsible to cause both sporadic infections and epidemics of acute viral hepatitis. Hepatitis B virus and Hepatitis C virus are predominantly spread via parenteral route and are notorious to cause chronic hepatitis which can lead to grave complications including cirrhosis of liver and hepatocellular carcinoma. Around 400 million people all over the world suffer from chronic hepatitis and the Asia – Pacific region constitutes the epicenter of this epidemic. However, in recent times there has been a sero – epidemiological shift in HAV infection in India, with increasing incidence of infection being noted in the adults and adolescent's populations compared with children. It has been estimated a prevalence of HBV infection to be 3.07% in non-tribal population when compared to 11.85% in tribal population. The estimated prevalence of HCV infection in India is about 1 – 1.9%. **(SandeepSatsangi and Yogesh K. Chawla, 2016)**

Hepatitis C infection is a major health concern worldwide and also in the Indian subcontinent. The Indian subcontinent consists of India, having the second largest population in the world, and Pakistan, the second country in the World with

the highest hepatitis C viral infection. The Indian subcontinent is conglomeration of nine countries, namely, India, Pakistan, Myanmar, Afghanistan, Nepal, Bangladesh, Sri Lanka Bhutan and Maldives.Although the hepatitis C virus in World is over 2.2%, the incidence of HCV in the Indian subcontinent varies in the nine countries. In Pakistan it is 6 – 6.8%, the second highest in the world: in Bhutan 1.3%: in Myanmar 0.34 – 2.03%: in Afghanistan 10% : in Nepal 0.6%: in Bangladesh 0.6%: in India 0.33%: and in Sri Lanka 0.16%: the incidence in Maldives is not known. **(Shashi Shekhar, 2017)**

Need for Study

Viral hepatitis cause 1.34 million deaths in 2015, a number comparable to deaths caused by tuberculosis and HIV. Approximately 1.75 million people were newly infected with HCV in 2015, bringing the global total of people living with hepatitis C about 71 million**. (WHO, 2017)**

Estimation of 257 million personor 3.5% of the population were living with chronic HBV infection in the world. The Africa and Western pacific regions accounted for 68% of those infected.71 million persons were living with HCV infection in the world, accounting for 1 % of the population. Viral hepatitis was responsible for 1.34 million deaths. Mortality from viral hepatitis has increased by 22% since 2000**. (Global Hepatitis Report, 2017)**

The number of new hepatitis C infections reported to Centers for Disease has nearly tripled, reaching a 15 year high. The greatest increase, and the highest overall number of cases, were among young people 20 – 29, with injection drug use as the primary route of transmission. However, the majority (three –

quarters) of the 35 million Americans already living with Hepatitis C are baby boomers, born from 1945 to 1965. **(Smith BD. et al.,2017)**

HAV is responsible for several outbreaks of sporadic viral hepatitis in India. Nearly 119,000 cases of all causes viral hepatitis were reported in 2014. The Integrated Disease Surveillance Programme of the NCDC received notification of 2,90,000 cases of acute viral hepatitis in 2015. **(NCDC Newsletter , 2015)**

Diverse Indian population provides an excellent opportunity to study the prevalence and feature of hepatitis virus for understanding viral evaluation and viral pathogenesis. India is in intermediate Zone of pathogenesis of Hepatitis B (2-5%), and India is having around 40 million Hepatitis B virus carriers. A wide variation in prevalence of hepatitis B is observed from region to region and community to community. The prevalence of HBV is higher among tribal population, than nontribal. Population prevalence ofHCV infection in India is 1%. Prevalence study among blood donors may reflect population prevalence. Hepatitis B virus prevalence at community level in Tripura (North – east region of India) is 3.6 %, West Bengal 2.97%, Tamil Nadu 5.7%, Northern India 2.1%. Prevalence of HBV in tribal and non – tribal population is 15.9% and 2.4% respectively. It has been observed that prevalence of HBV at community level in India is highly variable with higher prevalencein Tribal population. **(PradeepBhaumik , 2015)**

As per World Health Organization (WHO) statistics, India is amongst the top 11 countries which carry the global burden of chronic hepatitis. Estimated that in India 40 million people are chronically infected with hepatitis B and around 6 to 12 million people are chronically infected with hepatitis C. **(Aishwarya Vaidya, 2017)**

The burden of viral hepatitis in India is not well characterized. Integrated Disease Surveillance Programme (IDSP) began conducting surveillance across all Indian states for epidemic – prone disease. This report summarizes viral hepatitis surveillance and outbreak data reported to IDSP during 2011 – 2013. During this period, 8,04,782 hepatitis cases and 291 outbreaks were reported; the virus type was unspecified in 92% of cases. Among 5,99,605 cases tested for hepatitis A, 44 ,663 (7.4%) were positive, and among 1,87, 040 tested for hepatitis E, 19,508 (10.4%) were positive. At least one hepatitis outbreaks report was received from 23 (66%) of 35 Indian states. Two – third of outbreaks were reported from rural areas. **(Tripurarikumar, 2015)**

A cross sectional study was conducted to determine HBV and HCV prevalence and associated factors in rural and urban populations of Tamil Nadu. Blood samples from a total of 2291 individuals from randomly chosen urban and rural areas of Tamil Nadu from May 2014 to 1November 2014. The overall prevalence of HBV was 3.6 %. The prevalence was higher in urban than rural area. **(KrishnasamyNarayanasamy, 2015)**

There was an outbreak of hepatitis A in Mylapore village, Kollam district, Kerala, Southern India during February to June 2013. An outbreak investigation was initiated with the objective of describing the epidemiological features of the hepatitis outbreak. Line list generated consisted of 45 cases. Attack rate was the highest among the age group 15 – 24 years (4.6%) followed by 5 – 14 years (3.1%)as a result of pipe water contamination supplied from a bore well. The study warrants establishment of an efficient water quality surveillance system. **(RakeshPS, Daniel Sherin and SreekumarSalila, 2014)**

The Chennai Liver Foundation and the city – based Kovai Medical Centre and Hospital (KMCH) have jointly launched a study to understand the prevalence of liver disease in the district and also screen people for hepatitis B and C. Screening 4000 men and women who works in Emerald Jewelers. Beside from the Salem – Namakkal belt, gets lot of patients from places such as Annur, Kovilpalayam and Gobichettipalayam where many people don't have access to hepatitis vaccinations and knowledge of its symptoms and treatment. Around 3% to 4% tests positive for hepatitis B and 1% for hepatitis A. **(Vivekandan, 2016).**

Hepatitis is a serious global public health problem. It is a contagious and easy to be transmitted from one infected individuals to another by blood to blood contact, mother to child, unprotected sexual intercourse, sharing of eating utensils and other barbar shops, beauty salon equipment and improper personal hygiene. Various studies showed that there is a lack of Knowledge regarding hepatitis. Hence, the researcher has decided to assess the effectiveness of teaching Programme on Knowledge and attitude regarding hepatitis among patients.

Statement of the Problem:

A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge and Attitude Regarding Hepatitis Among Patients Attending Out Patient Department of Gastroenterology at a Selected Hospital, Salem.

Objectives:

1. To assess the knowledge and attitude regarding hepatitis among patients attending outpatient department of Gastroenterology.
2. To evaluate the effectiveness of Structured teaching programme on knowledge and attitude regarding hepatitis.

3. To find out the correlation between knowledge and attitude regarding hepatitis among patients attending outpatient department of Gastroenterology.
4. To find out the association between the pre-test knowledge and attitude regarding hepatitis and their selected demographic variables.

Operational Definition:

Effectiveness:

It refers to the improvement in the post test score of knowledge and attitude regarding hepatitis among patients who are attending the outpatient department after administration of Structured teaching programme.

Structured Teaching Programme:

It is a systematically developed instructional programme using instructional aids, designed to provide information on hepatitis.

Knowledge:

It is the correct responses given by patients on hepatitis and which can be assessed through structured questionnaire.

Attitude:

It is the opinion, idea and beliefs given by patients about hepatitis which can be assessed by a 5-pointLikert scale.

Hepatitis:

Hepatitis is an inflammation of liver. This condition can be self - limiting or can progress to fibrosis [scarring], Cirrhosis or Liver cancer.

Patient:

It refers to the persons who are attending the outpatient department of Gastroenterology at Sri Gokulam Hospital, Salem.

Assumptions:

- ✓ Knowledge and attitude regarding hepatitis among patients may vary from individual to individual.
- ✓ Patients may have some knowledge and positive attitude regarding hepatitis.
- ✓ Structured teaching programme may be one of the best methods to improve the knowledge regarding hepatitis among patients who attends the outpatient department of Gastroenterology.

Hypothesis:

H_1: There is a significant difference between pretest and post test score on knowledge regarding hepatitis among patients before and after Structured Teaching Programme at $p \leq 0.05$ level.

H_2:There is a significant difference between pretest and post test score on attitude regarding hepatitis among patients before and after Structured Teaching Programme at $p \leq 0.05$ level.

H_3:There is a significant correlation between knowledge and attitude regarding hepatitis among patients attending Outpatient department of Gastroenterology at $p \leq 0.05$ level.

H_4:There is a significant association between the knowledge and attitude regarding hepatitis among patients and their selected demographic variables at $p \leq 0.05$ level.

Delimitations:

- ✓ The study was limited to only 60 samples.
- ✓ The data collection period was limited to four weeks.
- ✓ The study was limited to those who were willing to participate in the study.

Projected Outcome:

The study will improve the knowledge and attitude regarding hepatitis among patients who are attending outpatient department of Gastroenterology.

Conceptual Framework:

The researcher adopted Imogene King's goal attainment theory (1981) based on the personal and interpersonal system including interaction, perception, judgment, communication and transaction.

The investigator adopted goal attainment as a basic theory conceptual frame work, which is aimed to show effectiveness of Structured Teaching Programme in improving the knowledge and developing most favorable attitude regarding hepatitis among patients attending outpatient department. This involves interaction between the researcher and the patients who are attending outpatient department of Gastroenterology.

Six major concepts describe these phenomena.

Perception:

This involves each person's representation of reality. Researcher perceived the need for Structured Teaching Programme to improve the knowledge and attitude regarding hepatitis among patients attending outpatient department of Gastroenterology.

Judgment:

Judgment is a decision which is made. The researcher decides to provide Structured Teaching Programme regarding hepatitis to improve the knowledge and develop a positive attitude among patients attending outpatient department of Gastroenterology.

Action:

The researcher's action is to provide Structured teaching programme to the patients who attending outpatient Department of Gastroenterology and patients decide to receive the intervention.

Reaction:

Reaction helps in setting a mutual goal. The researcher and the patients set a mutual goal. Here the mutual goal is to improving the knowledge and develop most favorable attitude regarding hepatitis.

Interaction:

It refers to the verbal communication between two or more individual who involve goal directed perception. The researcher provides Structured teaching programme to the patients who are attending outpatient department of Gastroenterology.

Transaction:

This is the achievement of the goal. The researcher goal is to improving knowledge and developing a most favorable attitude regarding hepatitis among patients attending outpatient department of Gastroenterology and evaluate the effectiveness of Structured teaching programme on knowledge and attitude regarding hepatitis.

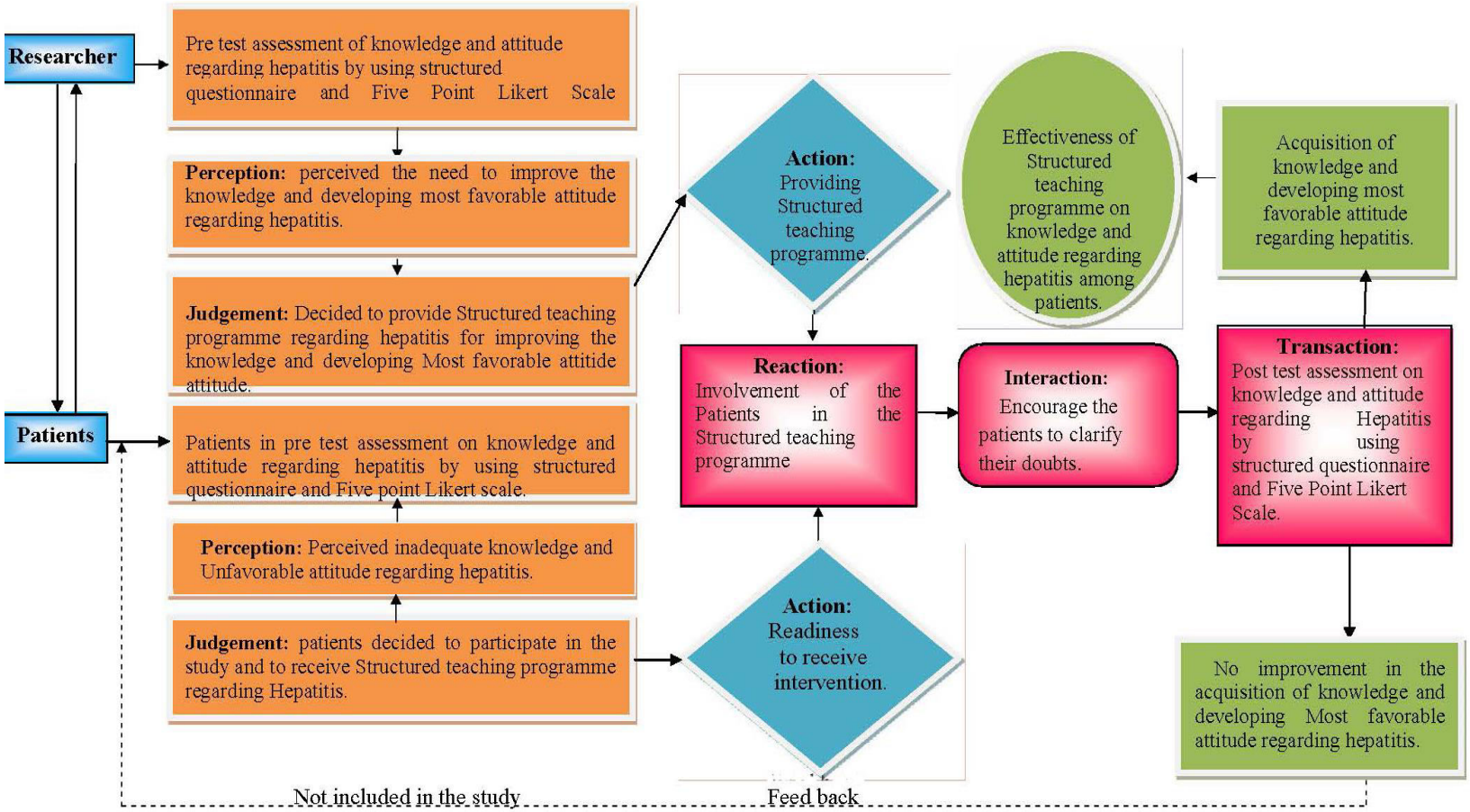

Figure-1.1: Conceptual Frame Work based on Imogene King's Goal Attainment Theory (1981) of Effectiveness of Structured teaching programme on knowledge and attitude regarding hepatitis among patients attending outpatient department of gastroenterology.

Summary:

This chapter dealt with introduction, need for the study, statement of the problem, objectives, operational definition, hypothesis, assumptions, delimitations, projected outcome and the conceptual frame work.

CHAPTER II

REVIEW OF LITERATURE

Review of literature is an essential step in the development of a research project. It helps the researcher to design the proposed study in a scientific manner so as to achieve the desire result. It helps to determine the gap, consistencies and inconsistencies in the available literature about particular subject under the study.

This chapter attempts to present a review of studies done, methodology adopted and conclusion assured by earlier investigators, which helps to study the problem in depth. The sources of information obtained from text book, internet, published journals, editorials, published and unpublished thesis. In this chapter, the researcher presents the review of literature is based on the following division.

Literature related to:

1. Prevalence and incidence regarding Hepatitis.
2. Knowledge and attitude regarding Hepatitis
3. Effectiveness of Structured Teaching Programme on Hepatitis.

1.Literature related to prevalence and incidence regarding Hepatitis:

A study was conducted to determine the incidence and the prevalence of Hepatitis B and C viral infection in patients on hemodialysis (HD) across Lebanon. A total of 3769 samples were selected from 60 affiliated HD centers across Lebanon. The prevalence was calculated by dividing the number of patients with positive HbsAg or HCV serology to the total number of patients. The result reveals that sixty out of 3769 HD patients were found to have positive HbsAg and 177 out of 3769 were positive for HCV Antibodies. The prevalence of hepatitis B virus (HBV) and HCV in HD patients across Lebanon was 1.6% and 4.7%, respectively. The incidence rate was

0.27for HBV and 0.37for HCV. There was no significant difference concerning the incidence of HBV between HD centers at different governorates (all P values > 0.1), but this difference was highly significant concerning the incidence rate of HCV with p value of 0.00068 and 0.00374 when compared to Mount Lebanon (0.21) and the northern centers (0.19), respectively. Hence the incidence rate of HBV and HCV is very low in the Lebanese HD centers and their prevalence is decreasing over the last two decades. **(Antonie Abou etal., 2015)**

A cross sectional study was conducted to assess the prevalence and risk factors for Hepatitis B virus infection in Roma population, Slovakia. Total sample of 855 samples were selected by random sampling technique. Data was collected by questionnaire. The result reveals that global Hepatitis B surface antigen (HbsAg) positivity rate was 7.7% (i.e., active Hepatitis B) and anti-hepatitis B core IgG antibody (Anti HBC IgG) positivity rate was 34.6%. Roma population had significantly higher prevalence of Hepatitis B, Both active chronic infection 95% p<0.0001 and anti HBC IgG positivity 95%; p<0.0001. There is very higher prevalence of Hepatitis B in Roma community in Slovakia. **(Sylvia Drazilovaetal., 2018)**

A cross sectional study was conducted to assess the prevalence of HBsAg and knowledge about hepatitis B in pregnancy. The study was conducted in Buea Health District, Cameroon. A total of 176 pregnant women were selected by purposive sampling technique. Participants were evaluated by using structured questionnaire. The result reveals that 9.7% tested positive for HbsAg. The hepatitis B knowledge summary score ranged from 0 to 12 with mean of 1.5 (SD = 3.14) Only 16% participants had scores greater than 6 / 12. The knowledge summary score of the participants was associated with the educational level. (P =0.0037). Hence the result reveals that the high prevalence of HbsAg (9.7%) among pregnant women in Buea

Health District. Knowledge about hepatitis B among pregnant women was poor**.** **(Andrea A Besong etal., 2014)**

A Study was conducted to assess the prevalence of hepatitis B and C virus infection in Urban and rural population of Tamil Nadu, India. A total of 2291 samples were selected by random sampling technique. Serum samples were collected from the samples and were screened for the HbsAg and anti – HCV using rapid test device. The result reveals that of the 2291 individuals screened, 5 (0.2%) were positive for anti – HCV. All the five participants were urban residents. The overall prevalence of HBV was 3.6%. The prevalence was higher in urban than in rural area p = 0.001. More males were infected with HBV than females 0.56%, p = 0.013. Alcoholics were at two times more risk of getting HBV infection than non – alcoholics 2.01% p = 0.004. hence, the general population prevalence of HBV or HCV were limited in India. **(Krishnasamy Narayanasamy etal., 2015).**

2.Literature related to knowledge and attitude regarding Hepatitis:

A cross sectional study was conducted to assess the knowledge regarding risk factors of hepatitis C virus transmission and options to avoid them at Taluka hospital, Sindhu, Pakistan. A total of 520 samples were selected by purposive sampling technique. Data was collected by structured questionnaire and was analyzed by cross tabulation and chi – square method. The result reveals that the highest infection 39% was in age of 21 – 30 years with more infection in urban population (75.6%) and illiterate group (52.9%), followed by farmers (30.5%)and labors (26.7 %). Majority of HCV positive respondents had misperceptions of water (11.3%; $p < 0.036$), food (10.3%; p=0.283) and mosquitoes (9.9%; $p < 0.003$) as the major factors of HCV transmission**. (Aijaz Ali et al.,2015)**

A cross sectional study was conducted to assess the knowledge, attitude and practices regarding Hepatitis B virus infection among health sector personnel. A sample size of 120 were selected by random sampling technique. Data was collected by questionnaire. The chi square test and percentage was used to analyze. The result shows that chi square value is 13.61 with 2 degrees of freedom at 5% level. P= 0.001. Highly significant. Hence health sector personnel have adequate knowledge**. (Kumbha U.Tet al., 2017)**

A cross sectional study was conducted to assess knowledge, attitude and practices of patients and their attendants regarding Hepatitis B and Hepatitis C. The study was conducted at outpatient department of shaikh Zayed Hospital, Lahore during June 2016 to July 2016. Total of 340 samples were selected by convenient sampling technique. Data was collected through a close ended questionnaire. The result shows that 219 (79 %) claimed to know about hepatitis B and hepatitis C. Only 121 (38 %) out of people were found to have satisfactory knowledge of hepatitis B and hepatitis C. The population that was literate 89 (50.80 %) had satisfactory knowledge about hepatitis B and hepatitis C. Whereas 86 (49.20 %) had unsatisfactory knowledge. **(Rana Arslan et al., 2017)**

A descriptive cross-sectional study was conducted to assess knowledge, attitude and practice towards hepatitis B among healthy population, in Saudi Arabia. Total of 890 samples were selected by convenience sampling technique. Data was collected by questionnaire. The result shows that 69.3 % were females, 48.3 % were working, 77 % had college degree and 50.9 % of them aged from 20 – 30 years. The attitude of subjects was good in 66 % but level of practice was poor among 60 %. The level of knowledge and attitude towards hepatitis B was good in 56 % of subjects with high

scores of good knowledge and attitude but with poor practice levels among most of subjects. **(Mohammed Abdulrahman wedhaya et al, 2017)**

A quantitative descriptive study was carried out to assess knowledge and attitude of Health care workers towards hepatitis B infection and vaccination in a Federal teaching hospital in south west, Nigeria. A sample of 139 were selected by stratified random sampling technique. Data was collected by using structured self - administered questionnaire. Data was analyzed by using descriptive statistics. The result shows that 41 % and 48 % of the respondents were in the age range of 20 – 30 years and 31 – 40 years, respectively. Only 30.2 % of the respondents believe that it is vital to recap needles after use while 79.9 % believes that hepatitis B can transmitted as a nosocomial infection. It is therefore imperative to improve their knowledge to influence their practice**. (Akpor O.A& Akingbehin O.M – 2017)**

A quantitative method of study was conducted to assess knowledge, attitude and practice of hepatitis C in adolescents in Chennai, India. Total of 100 samples were selected by purposive sampling technique. The data was collected by questionnaire method and data was analyzed by descriptive statistics. The result shows that 28.44% were found to have heard of hepatitis C. However, 71.5 % had not heard of disease Knowledge, attitude and practice about hepatitis C among adolescents was totally unsatisfactory. Results of this study highlights that there is alack of understanding about basis of infection control and prevention of hepatitis C transmission. **(Joshini Shanmugam, Gheena Ranjith – 2017)**

A cross sectional study was conducted to assess the knowledge, attitude and practices toward prevention of hepatitis B virus infection among students of medicine and health sciences. The study was conducted at Northwest Ethiopia from February

2015 to July 2015. A total of 246 students were selected by random sampling technique. Data were collected by using structured questionnaire. The result reveals that (> 80%) had an adequate knowledge on risk factor for HBV, 246 (83.3%) participants had positive attitude and 201 (81.7%) respondents believe that all Health care workers should take HBV vaccine. The study found that trainees in health profession are at high risk of contracting HBV infection during their training owing to the low HBV vaccine uptake rate and high rate of accidental exposure to blood.**(Abdnur Abdela etal., 2016)**

A quantitative cross-sectional study was conducted to assess the knowledge, attitude and practices concerning Hepatitis B infection, among Health care workers. The study was conducted in Bantama, Ghana. A total of 175 health care workers were selected by purposive sampling technique. Knowledge was assessed by using structured questionnaire. The result reveals that mean score for KAP were 13.69 ± 2.81, 6.68 ± 2.28, 2.23 ± 1.19 respectively. Age, occupation and experience were significantly associated with mean knowledge score ($P < 0.05$) Spearman rank correlation revealed significant positive correlation between knowledge – attitude ($r = 0.53$, $p<0.01$), knowledge – practice ($r = 0.38$,$P< 0.01$), and attitude – practice ($r = 0.45$, $P<0.01$).Thestudy highlighted non – optimal KAP with regards to several aspects of HBV. Hence, there arises a need for policy guidelines along with extensive health education campaigns to manage all aspects of KAP of health care workers regarding Hepatitis B virus. **(Mary y. Afihene et al., 2015)**

3.Literature related to Effectiveness of Structured Teaching Programme on Hepatitis:

A Quasi experimental study was conducted to assess the effectiveness of Structured Teaching Programme on knowledge regarding hepatitis B among nursing

students in selected schools of nursing, Moga, Punjab. Total of 60 samples were selected by purposive sampling technique. A self-structured and self - reported questionnaire on knowledge assessment regarding hepatitis B was used to collect data. The questionnaire administered to Nursing students to assess their pretest knowledge score in both the group. After the pretest Structured teaching programmegiven to experimental group. The data was analyzed through descriptive and inferential statistics. The result shows that posttest mean knowledge score of experimental group was higher than the posttest mean knowledge score of control group at $p < 0.05$ level. This indicates that Structure Teaching Programme was effective. **(Rani Dhiraj, 2015).**

A pre-experimental study was conducted to assess the effectiveness of planned teaching programme on knowledge among mothers of school children (6 -14yrs) regarding hepatitis A & E at Anakaputhur. Total of 60 samples were selected by non-randomized purposive sampling technique. The result of pretest shows majority of the mothers 34 (56.8%) had moderate adequate knowledge level, 22 (36.6%) inadequate knowledge level and 4 (6.6%)had adequate knowledge level. In posttest majority of samples have adequate level of knowledge (86.6%) and have moderate adequate level of knowledge (13.4 %). The pretest knowledge score is 16.0 and the posttest knowledge score is 24.9 the obtained 't' value 12.2 statistically significant. This indicates that Planned teaching Programme was effective. **(Hemavathy, V.J.Bini paul, Meena.R, 2015).**

A quasi experimental study was conducted to assess the effectiveness of Structured teaching programme on knowledge regarding prevention of viral hepatitis among pre – university students in selected pre-university college at Hassan. 60 samples were selected by using stratified sampling technique. Data was collected from the samples using a structured questionnaire. The result shows that post test score was

75.77% which was significantly higher than the pretest knowledge. The paired 't' test value was 30.67 at p=0.00 level. Thus, the finding of the study signify that Structured Teaching Programme was effective in enhancing the knowledge. **(Shinedev.T et al., 2017)**

A comparison study was conducted to evaluate changes in knowledge, attitude and practice of Hepatitis B vaccination. Total of 100 second year medical students were selected by non – randomized sampling technique. Data was collected by questionnaire. The result shows that mean score for modes of transmission p = 0.0001, preventive measures p = 0.0001 and hepatitis B vaccine p = 0.0001 to post test. Hence Structured educational intervention among medical students about hepatitis B vaccination showed improved knowledge and behavior. **(Sareetha A.V, Nagabushan. H, Supriya K.H, 2018)**

A one group pretest and posttest pre-experimental study was conducted to assess the effectiveness of Structured teaching programme of knowledge on prevention of Hepatitis A among adultsat Thandalam village at Kanchipuram district, Tamil Nadu. A total of 100 adult were selected by convenient sampling technique. Questionnaire is used to collect the data. The result reveals that in pretest 67 (67%) had inadequate knowledge and 33% had moderately adequate knowledge whereas in posttest 82 (82%) adults had adequate knowledge and 18 (18%) had moderately adequate knowledge. By comparing pretest and posttest knowledge score, Structured teaching programme improved their knowledge on Prevention of Hepatitis A with Statistical significance $p<0.05$. **(Ashok B, 2015).**

Quasi experimental study was conducted to determine the effect of hepatitis education among nursing students. The study was conducted in Amasya University,

Amasya, Turkey. A total of 200 samples were selected by convenient sampling technique. The data was collected by using questionnaire. The result reveals that there was a statistically significant difference among the total mean pre and post test scores in the hepatitis training $p< 0.05$. The study concluded that the hepatitis education raised the nursing students level of knowledge and awareness regarding hepatitis. **(Eylem Topbas et al., 2017).**

Summary:

This chapter dealt with review of literature related to prevalence and incidence of hepatitis, knowledge and attitude regarding hepatitis and effectiveness of structured teaching programme on hepatitis.

CHAPTER III

METHODOLOGY

The methodology of research indicates general pattern of organizing the procedure for gathering valid and reliable data for the purpose of investigation. [**Polit D.F. Hungler, 2003**]

This study aims to assess the effectiveness of Structured teaching programme on knowledge and attitude regarding hepatitis among patients attending outpatient department at selected hospitals, Salem. This chapter includes research design, description of settings, variables, population, sample, sampling technique, sample size, criteria for sample selection, description of tool and data analysis method.

Research Approach:

Quantitative research approach was adopted for this study.

Research design:

The research design chosen for the study was pre – experimental one group pre – test post – test design. This design represented as

$$E = O_1 x\ O_2$$

O_1 – Assessment of pre – test knowledge and attitude regarding hepatitis among patients who are attending outpatient department of Gastroenterology.

x - Structured teaching programme on hepatitis.

O_2 – Assessment of post – test knowledge and attitude regarding hepatitis among patients attending outpatient department of Gastroenterology.

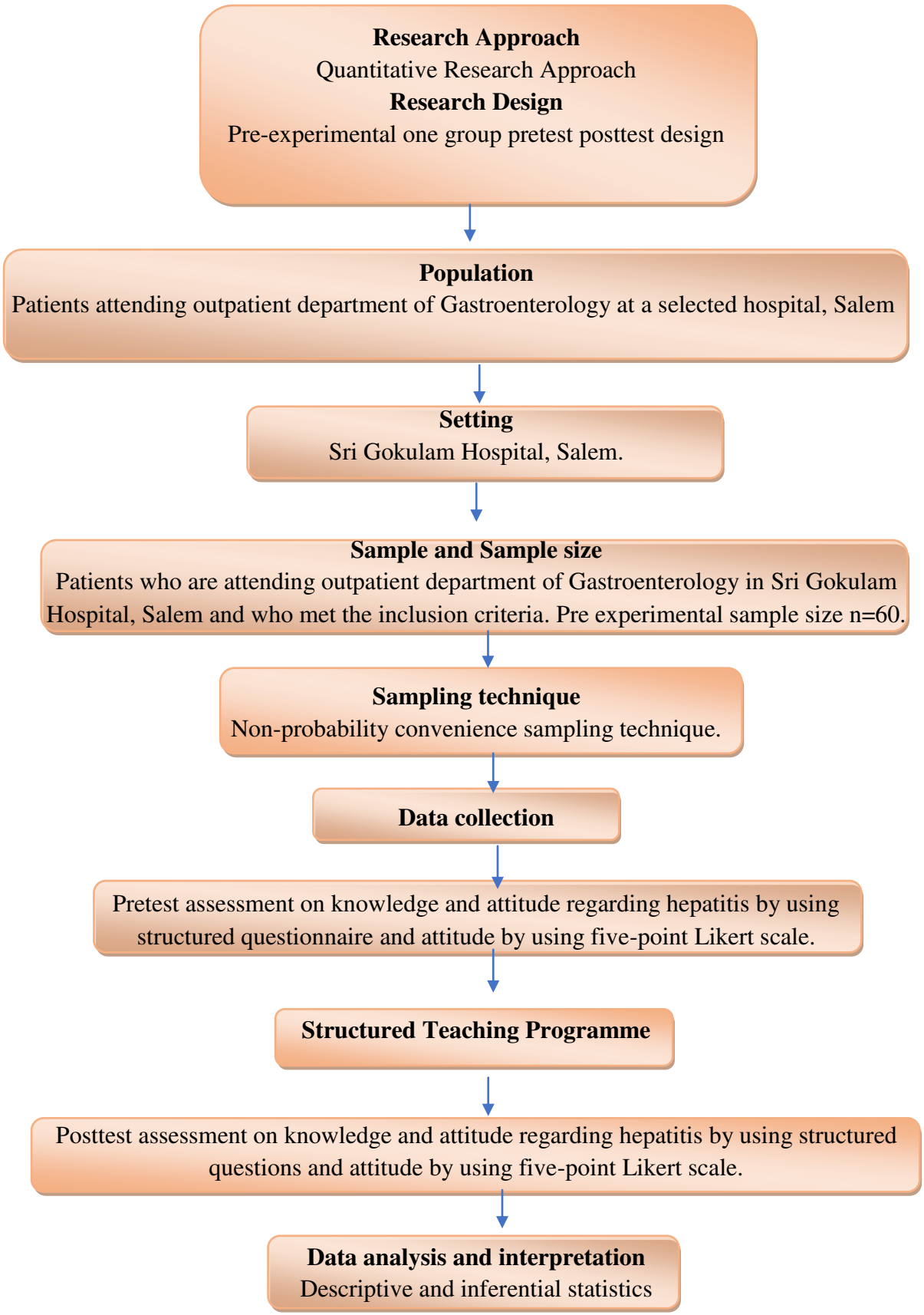

Figure3.1: Schematic Representation of Research Methodology

Population:

The population of this study includes the patients who are attending gastroenterology outpatient department at Sri Gokulam Hospital, Salem. On an average, 100 - 150 patients per month were attending the gastroenterology outpatient department in Sri Gokulam hospital and previous year census was around 1300 patients per year.

Description of the settings:

The investigator selected Sri Gokulam Hospital to conducted the study. The bed strength of the hospital was 350. The hospital was well known for all specialties. It was 7km away from Sri Gokulam College of Nursing. The investigator selected the setting based on the

1. Availability of subjects
2. Economy of time and money access.
3. Feasibility in terms of cooperation extended by the gastroenterologist in Sri Gokulam Hospital, the health team members and investigator's familiarity with the setting in term of professional experiences.

Sampling:

Sample:

Sample of the study includes patients attendingoutpatient department of gastroenterology and those who fulfilled the inclusion criteria and present at the time of data collection at Sri Gokulam Hospital, Salem.

Sample size:

Sample size of the study was 60 patients who were attending outpatient department of gastroenterology at Sri Gokulam Hospital, Salem.

The formula used for sample size estimation is $n = \frac{Z_1 - \frac{\alpha}{2}^2 P (1-P)}{d^2}$

$$n = \frac{(1.96)^2 \, 0.2 \, (1-0.2)}{(0.10)^2}$$

$$n = \frac{3.84 \text{ X } 0.2 \, (0.8)}{0.01} = \frac{0.61}{0.01}$$

$$\boxed{n = 61}$$

Where Z_1 = Desired confidence level

P = Expected proportion

d = Absolute precision or error

Sampling technique:

Sampling technique involves selecting the sample population on non random basis. It means that not everyone in the population has a equal chance of being selected.Non-probability convenience sampling technique was adopted for selecting samples for the study. It has been selected at an ease and convenience of the researcher.

Criteria for sample selection:

Inclusion criteria:

- The patients who are attending outpatient department of gastroenterology.
- Age group is between 21 years and 70 years.
- Both male and female patients.

- The patients who could understand Tamil or English.
- Patients who are newly attending the OPD of Gastroenterology.

Exclusion Criteria:

- The patients who are not willing to participate in the study.

Variables:

Independent variable:

It is a stimulus or activity that is manipulated or varied by the researcher to create the effect on the dependent variable. Here the independent variable was Structured Teaching Programme on hepatitis.

Dependent variable:

It is the outcome or response due to the effect of the independent variable. Here the dependent variables were Knowledge and attitude regarding hepatitis.

Demographic variable:

It is the characteristics and attributes of the study subject. Here demographic variables were age in years, gender, religion, educational status, occupation, dietary pattern, habit of smoking and alcoholism, previous knowledge regarding hepatitis and comorbid illness.

Description of the tool:

The tool was prepared by the investigator after an extensive study of the related literature and with the guidance of experts.

Section A: Demographic data

Structured interview schedule was used to collect demographic data. This section consists of demographic variables such as Age in years, Gender, Religion, Educational status, Occupation, Dietary pattern, Habits of smoking, habits of alcoholism, Previous knowledge regarding hepatitis and comorbid illness.

Section B: Structured questions to assess knowledge regarding Hepatitis among patients attending Outpatient department of Gastroenterlogy.

This section consists of Anatomy and physiology of liver, general information about hepatitis, definition of hepatitis, Types, Causes, Mode of transmission, Clinical manifestations, Diagnostic evaluation, Treatment, prevention and complication.

Table-3.1: Scoring procedure on knowledge regarding hepatitis

It consist of 35 questions and the knowledge were categorized based on the scores obtained, the correct answer scored as 1 and wrong answer scored as 0.

Knowledge	Score	Percentage
Adequate knowledge	25 – 35	67 – 100%
Moderately adequate knowledge	13 – 24	34 – 66%
Inadequate knowledge	0 - 12	0 - 33%

Section C: Five-point Likert scale to assess attitude regarding hepatitis among patients attending outpatient department of gastroenterology.

The five- point Likert scale was used to assess the attitude regarding hepatitis. It consists of 20 statements (12 positive statements and 8 negative statements).

Table – 3.2: Scoring key for five - point Likert scale

a) **Positive statement:**

Attitude	Score
Strongly agree	5
Agree	4
Uncertain	3
Disagree	2
Strongly disagree	1

b) **Negative statement (Reverse Score):**

Attitude	Score
Strongly disagree	5
Disagree	4
Uncertain	3
Agree	2
Strongly agree	1

The scores are divided into following categories,

Table – 3.3: Scoring procedure on attitude regarding hepatitis

Category	Score	Percentage
Most favorable attitude	81 – 100	81 – 100%
Favorable attitude	61 – 80	61 – 80%
Uncertain attitude	41 – 60	41 – 60%
Unfavourable attitude	20 – 40	20 – 40%

Validity and Reliability:

Validity:

Validity of the tool was established with the consultation of the Guide and Experts. The tool was validated by four experts in the field of nursing and one from the field of medicine. The tools were found adequate and minor suggestions given by the experts were incorporated.

Reliability:

The reliability of tool was checked and established by using test re-test method for knowledgeand obtained ‘r’ value was0.87and by using interrater method for attitude and obtained ‘r’ value was0.94, which showed that the tool was reliable and was considered for proceeding.

Pilot study:

Pilot study was conducted from 02.05.2018 to 07.05.2018. Formal permission was obtained from the managing director of Sri Gokulam Specialty Hospital. The pilot study was conducted with a sample size of 6 patients attending gastroenterology outpatient department. The collected data were analyzed by using descriptive and inferential statistics. The pilot study reveals that the tool was practicable and feasible to conduct the research study.

Ethical consideration:

Prior to data collection written permission was obtained from the managing director of Sri Gokulam Hospital, Salem. A written informed consent was obtained from the patients to participate in the study.

Data collection procedure:

The data was collected from 14.05.2018 to 02.06.2018. Total 60 patients who fulfil the inclusion criteria were selected from Sri Gokulam hospital by non – probability convenience sampling technique. The demographic variables was collected by the structured interview schedule and the knowledge was assessed by using structured questionnaire and attitude was assessed by using five point Likert scale on the first day. After the pretest "Structured teaching programme on hepatitis, and teaching was given to patients for 30 minutes by images imparted through Laptop. The posttest knowledge and attitude was assessed on the 7th day after the intervention, by using same structured questionnaire and five point Likert scale.

Data analysis method:

Data was analyzed using descriptive and inferential statistics. The data related to demographic variables was analyzed by using descriptive measures(frequency, percentage) knowledge and attitude were analyzed by using descriptive statistics(mean, standard deviation). The effectiveness of Structured teaching programme on knowledge and attitude was analyzed by using inferential statistics ('t' test),the relationship of knowledge and attitude was analyzed by inferential statistics (Karl Pearson correlation) and the association of knowledge and attitude among patients attending outpatient department of gastroenterology with their selected demographic variables was done by using inferential statistics (chi – square test).

Summary:

This chapter dealt with research approach, research design, population, description of the setting, sampling, variables and description of the tool, method of data collection and data analysis method.

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

Analysis is the process of the organizing and synthesizing data in such a way that questions can be answered and hypothesis tested. **(Polit, D.F., Hungler, 2003)**. This chapter deals with analysis and interpretation of data collected to evaluate the effectiveness of Structured Teaching Programme on knowledge and attitude regarding Hepatitis among patients attending outpatient department of Gastroenterology. The collected data was tabulated, organized and analyzed by using descriptive and inferential statistics as follows,

Section-A:

a) Distribution of patients according to their demographic variables.

Section-B:

a) Distribution of patients according to their pre-test score on knowledge regarding Hepatitis.
b) Distribution of patients according to their pre-test score on attitude regarding Hepatitis.

Section-C:

a) Distribution of patients according to their post-test score on knowledge regarding Hepatitis.
b) Distribution of patients according to their post-test score on attitude regarding Hepatitis.
c) Comparison of pretest and post test scores on Knowledge and attitude regarding Hepatitis.

d) Area wise comparison between the pretest and post test scores on knowledge regarding Hepatitis among patients attending OPD of Gastroenterology.

Section-D:

a) Effectiveness of Structured Teaching Programme on knowledge regarding Hepatitis among patients attending outpatient department of Gastroenterology.

b) Effectiveness of Structured Teaching Programme on attitude regarding Hepatitis among patients attending outpatient department of Gastroenterology.

c) Relationship between pretest and post test scores of knowledge and attitude regarding Hepatitis among patients attending outpatient department of Gastroenterology.

d) Association between the pre-test score of knowledge regarding Hepatitis among patients attending outpatient department of Gastroenterology and their selected demographic variables.

e) Association between the pre-test score of attitude regarding Hepatitis among patients attending outpatient department of Gastroenterology and their selected demographic variables.

SECTION- A

Distribution of patients according to their demographic variables.

Table-4.1:

a) Frequency and Percentage distribution of patients according to their demographic variables. **n=60**

S.No	Demographic variables	f	%
1)	**Age in years**		
	a) 21 – 30	7	11.6
	b) 31 – 40	11	18.4
	c) 41 – 50	31	51.6
	d) 51 – 60	9	15
	e) 61 – 70	2	3.4
2)	**Gender**		
	a) Male	37	61.6
	b) Female	23	38.4
3)	**Religion**		
	a) Hindu	45	75
	b) Muslim	5	8.4
	c) Christian	10	16.6
	d) Others	-	-
4)	**Educational status**		
	a) No formal education	5	8.3
	b) Primary education	6	10
	c) Secondary education	16	26.7
	d) Higher secondary	17	28.3
	e) Any degree	16	26.7
5)	**Occupation**		
	a) Daily wages	18	30
	b) Home maker	7	11.6
	c) Student	5	8.4
	d) Employee	24	40
	e) Agriculture	6	10
6)	**Dietary pattern**		
	a) Vegetarian	7	11.6
	b) Non – Vegetarian	53	88.4

Table 4.1: The table describes the distribution of patients according to their demographic variables. Among 60 patients, most of the patients 31(51.6%)are in age group of 41 – 50yrs, 11(18.4%) patients are in age group of 31 – 40yrs,9 (15%) patients are in age group of 51-60yrs,7 (11.6%) patients are in age group of 21 – 30yrs and remaining 2 (3.4)patients are in age group of 61 – 70 yrs.

Most of the patients 37(61.6%) are males and the remaining 23(38.4%) patients are females. According to the religion,45(75%) patients are Hindu, 10(16.6%) patients are Christian and remaining 5(8.4%) patients are Muslims.

In Educational status, 17(28.3%) patients have higher secondary education, 16(26.7%) patients have secondary education, 16(26.7%) patients have got degrees,6(10%) patients have primary education and remaining 5(8.3%) patients have no formal education.

Based on the occupation, 24(40%) patients are employees, 18(30%) patients are daily wages, 7(11.6%) patients are home makers, 6(10%) patients are Agriculture, and only 5(8.4%) patients are students.

In the dietary pattern 53(88.4%) patients are non- vegetarian and 7(11.6%) are vegetarian.

Table-4.2:

Frequency and Percentage distribution of patients according to their illness related variables. n=60

S.No	Illness related variables	f	%
7)	**Habits of smoking**		
	a) Yes	15	25
	b) No	45	75
8)	**Habits of Alcohol**		
	a) Yes	14	23.3
	b) No	46	76.7
9)	**Previous knowledge regarding Hepatitis**		
	a) Yes	14	23.4
	b) No	46	76.6
10)	**Comorbid illness**		
	a) Diabetes mellitus	14	23.4
	b) Hypertension	27	45
	c) Both a and b	12	20
	d) Any other, specify……	7	11.6

Table 4.2 shows the distribution of patients according to their health-related variables. In the habit of smoking most of the patients, 45(75%) patients do not have the habit of smoking and 15(25%) patients are smokers, In that 11(%) patients are smoking cigarettes / beedi every day and 4(%) patients are taking cigarettes / beedi less than 4 per day.

In the habit of alcohol,46 (76.7%) do not consume alcohol and 14(23.3%) are alcoholics. In that 9(%) have the habit of taking alcohol thrice in a week, and 5(%) patients have the habit of taking alcohol occasionally.

Most of the patients 46(76.6%) are not having previous knowledge regarding hepatitis and 14(23.4%) are having previous knowledge regarding hepatitis.

In co morbid illness 27(45%) patients have hypertension, 14(23.4%) have diabetes mellitus, 12(20%) patients have both hypertension and diabetes mellitus and only 7(11.6%) patients have the other illness.

SECTION-B

a) Distribution of patients according to their pre-test score on knowledge regarding hepatitis.

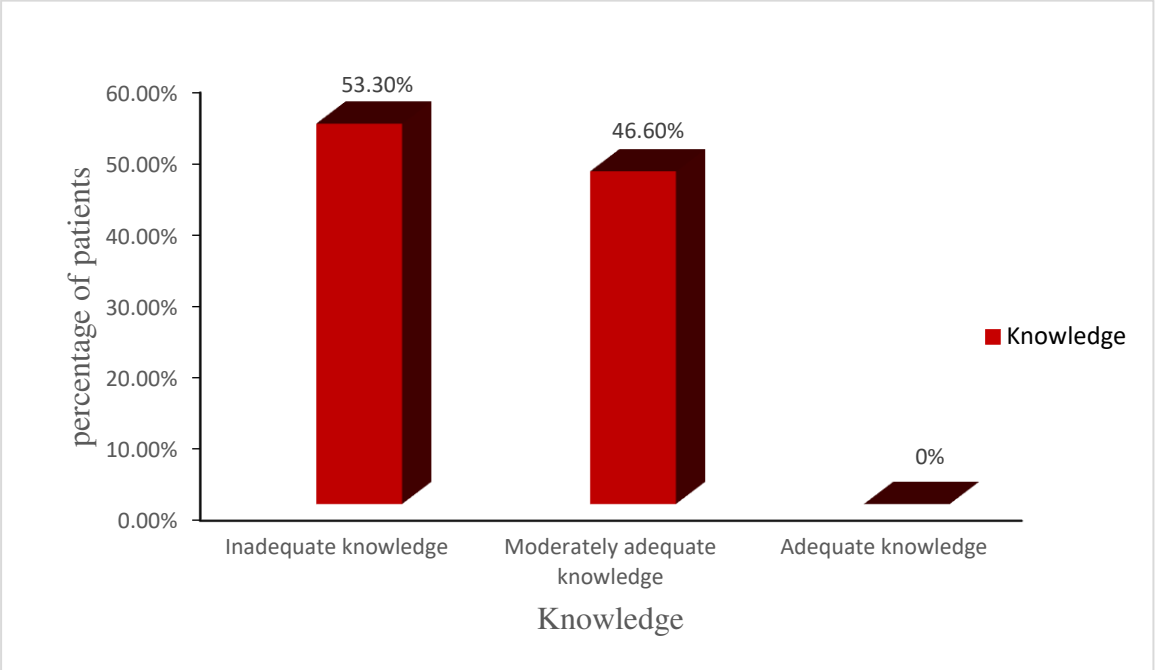

Fig-4.1: Percentage distribution of patients according to their pre-test score on knowledge regarding hepatitis among patients attending outpatient department of Gastroenterology

The above bar diagram shows that 32(53.3%) patients have inadequate knowledge, 28(46.6%) patients have moderately adequate knowledge and none of them have adequate knowledge regarding hepatitis in the pretest.

b)Distribution of patients according to their pre-test score on attitude regarding hepatitis.

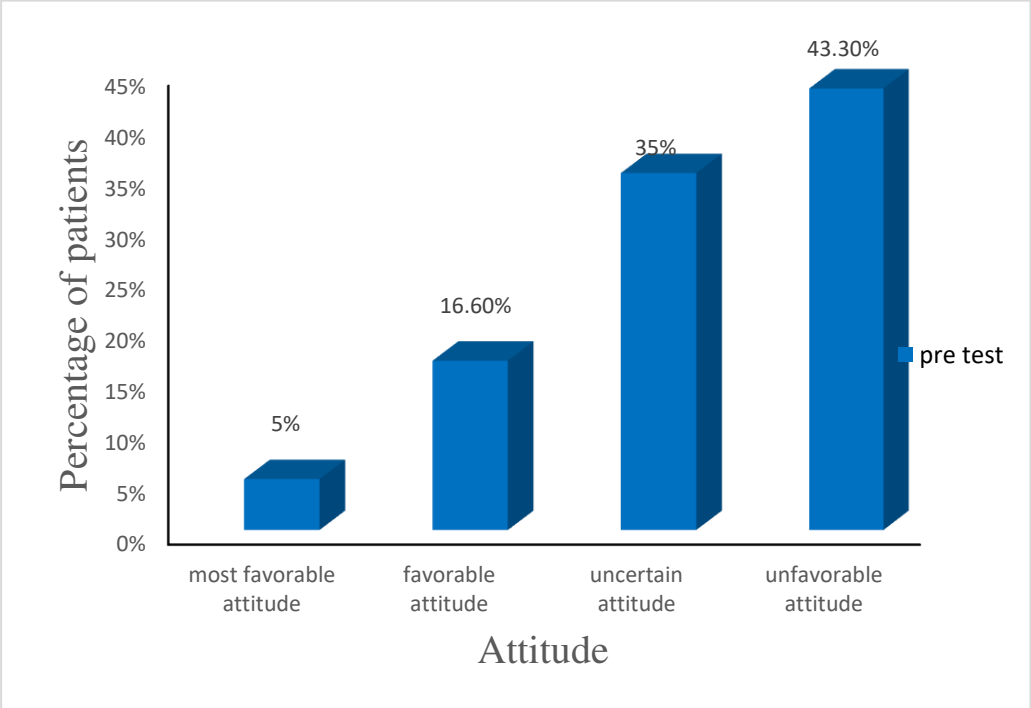

Fig-4.2: Percentage distribution of patients according to their pre-test scores on attitude regarding hepatitis among patients attending outpatient department of Gastroenterology.

The above bar diagram shows that 26(43.3%) patients have unfavorable attitude, 21(35%) patients have uncertain attitude, 10(16.6%) patients have favorable attitude and 3 (5%) patients have most favorable attitude regarding hepatitis in the pre-test.

SECTION-C

a) Distribution of patients according to their post-test scores on knowledge regarding hepatitis.

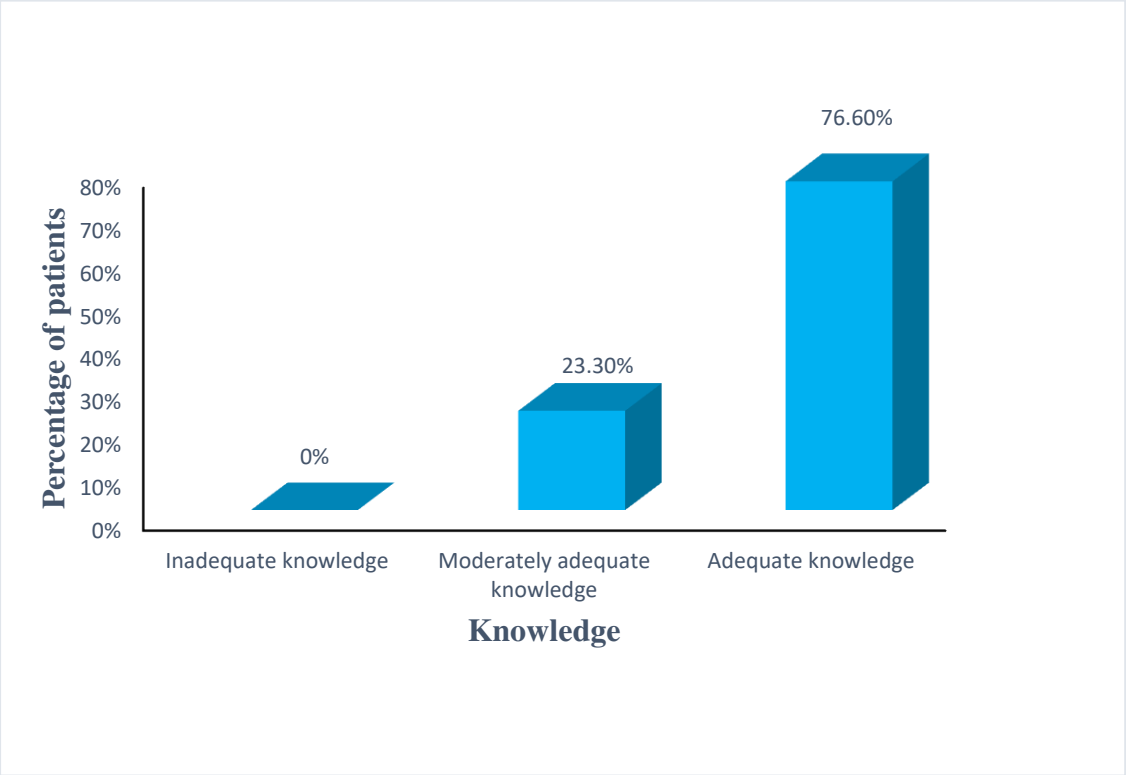

Fig-4.3: Percentage distribution of patients according to their post-test scores on knowledge regarding hepatitis among patients attending outpatient department of Gastroenterology.

The above bar diagram shows that 46(76.6%) patients have adequate knowledge, 14(23.3%) patients have moderately adequate knowledge, and none of them have inadequate knowledge regarding hepatitis in the post-test.

b) Distribution of patients according to their post-test scores on attitude regarding hepatitis.

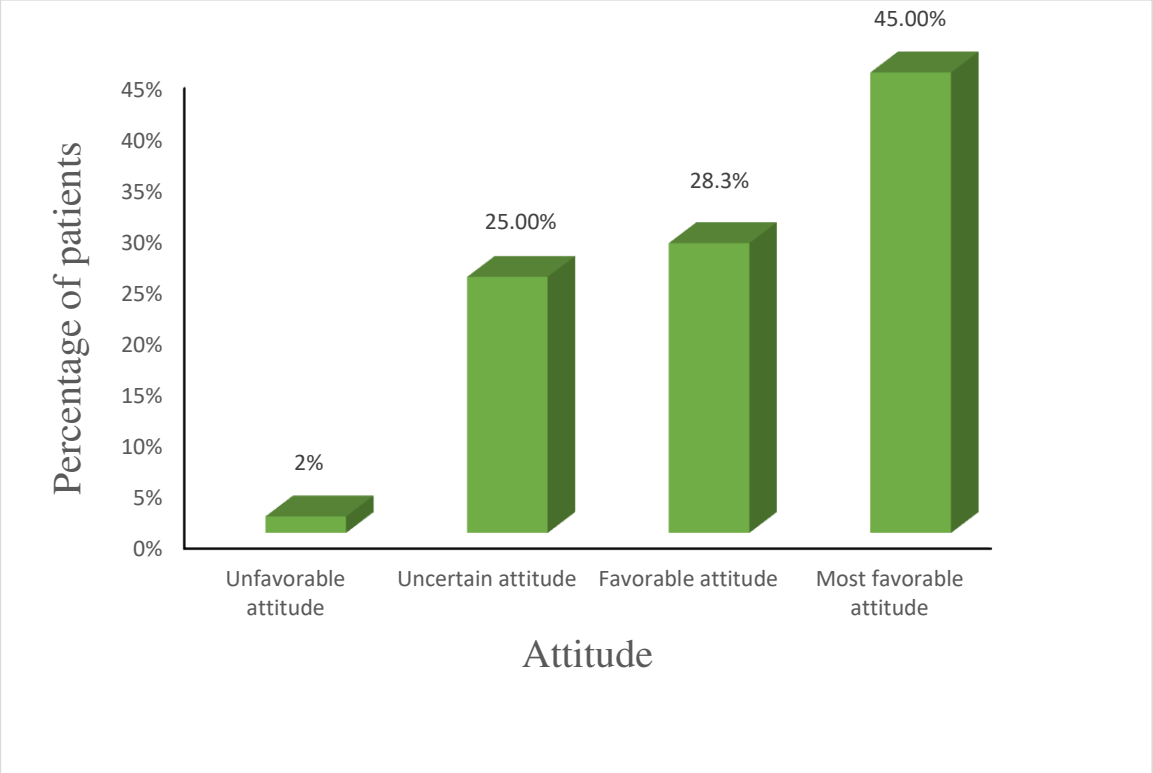

Fig-4.4: Percentage distribution of patients according to their post-test scores on attitude regarding hepatitis among patients attending outpatient department of Gastroenterology.

The above bar diagram shows that, 27(45%) patients have most favorable attitude, 17(28.3%) patients have favorable attitude, 15 (25%) patients have uncertain attitude and 1(2%) has unfavorable attitude regarding hepatitis in the post-test.

c) Comparison between the pre-test and post-test scores on knowledge regarding hepatitis among patients attending OPD.

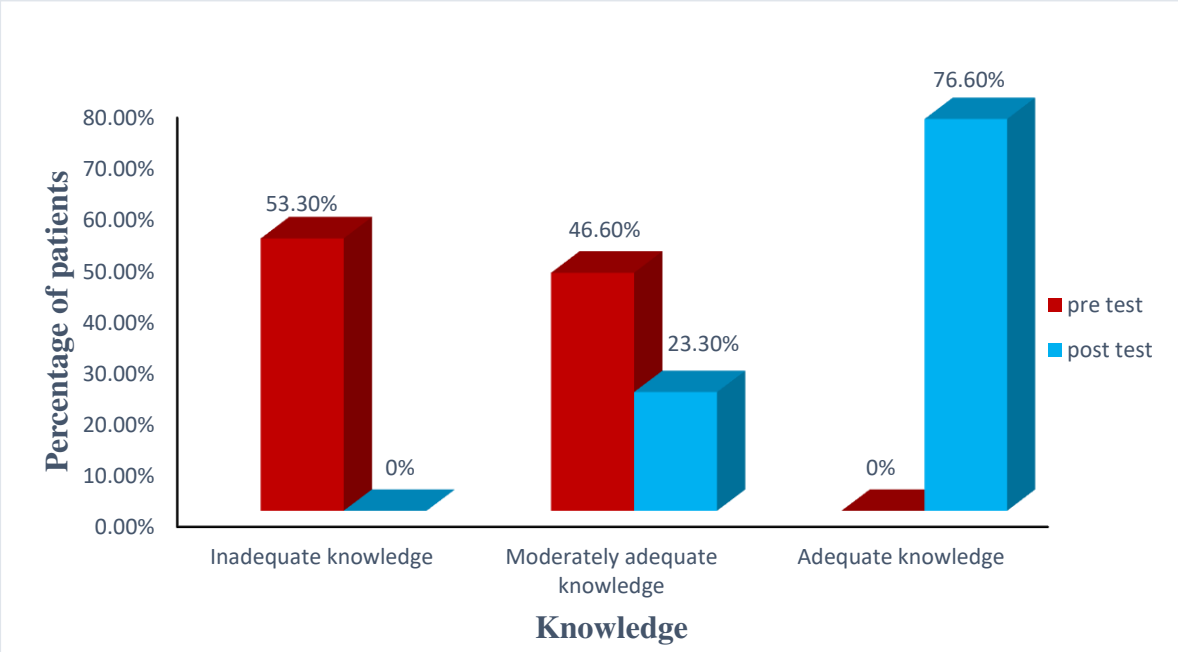

Fig-4.5: Percentage distribution of patients according to their pre-test and post-test scores on knowledge regarding hepatitis among patients attending outpatient department of Gastroenterology.

The above bar diagram shows that in pre-test 32(53.3%) patients have Inadequate knowledge, 28(46.6%) patients have moderately adequate knowledge and none of them have adequate knowledge regarding hepatitis. Whereas in post-test, 46(76.6%) patients have adequate knowledge, 14(23.3%) patients have moderately adequate knowledge and none of the patients have inadequate knowledge regarding hepatitis compared to the pre-test.

It highlights that there is a significant improvement in the knowledge regarding hepatitis among patients attending outpatient departmentof Gastroenterology.

d) Comparison between the pre-test and post-test scores on attitude regarding hepatitis among patients attending OPD.

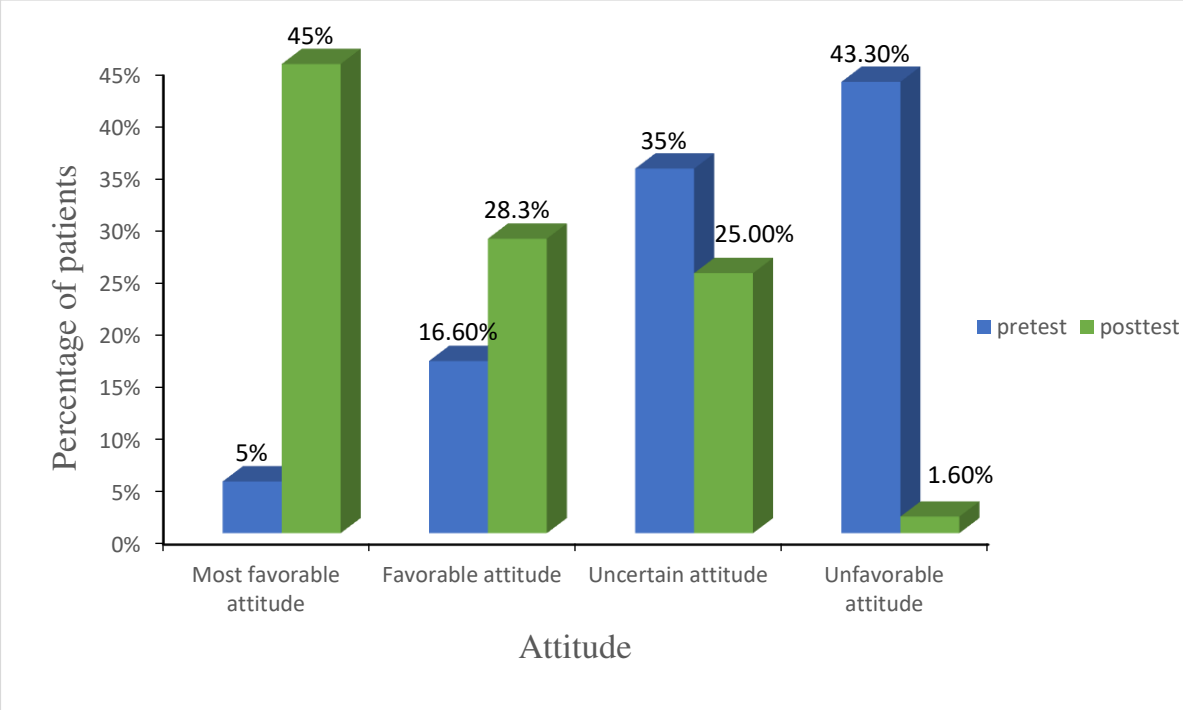

Fig-4.6: Percentage distribution of patients according to their pre-test and post-test scores on attitude regarding hepatitis among patients attending outpatient department of Gastroenterology.

The bar diagram shows that 26(43.3%) patients have Unfavorable attitude, 21(35%) patients have uncertain attitude, 10(16.6%) patients have favorable attitude and 3 (5%) patients have most favorable attitude regarding hepatitis in the pre-test. Whereas in post-test, 27(45%) patients have most favorable attitude, 17(28.3%) patients have favorable attitude, 15 (25%) patients have uncertain attitude and 1(1.6%) have unfavorable attitude regarding hepatitis compared to the pre- test.

It highlights that there is a significant development of most favorable attitude regarding hepatitis among patients attending outpatient department of Gastroenterology.

e) Comparison between the pre-test and post-test scores on knowledge and attitude regarding hepatitis among patients attending OPD of Gastroenterology.

Table-4.3: Mean, Standard deviation, Mean percentage and difference in mean percentage scores on knowledge and attitude regarding hepatitis among patients in pre-test and post-test.

n=60

Variables	Maximum score	Pre-test			Post-test			Difference in mean percentage
		Mean	SD	Mean %	Mean	SD	Mean %	
Knowledge	35	12.6	3.62	36	26.56	3.87	75.88	40
Attitude	100	42.63	13.95	43	73.4	14.75	73	30

The above table reveals that mean score on pre-test knowledge is 12.6 ± 3.62 and mean percentage is 36, whereas, in post-test mean score is 26.56 ± 3.87 and mean percentage is 75.88, which reveals the difference in mean percentage is 40.

The pre-test mean score of attitude is 42.63 ± 13.95 and mean percentage is 43, whereas the post-test mean score on attitude is 73.4 ± 14.75 and mean percentage is 73, which reveals the difference in mean percentage is 30.

Hence it highlights that structured teaching programme is effective in improving the knowledge and develop most favorable attitude regarding hepatitis regarding hepatitis among patients attending OPD of Gastroenterology.

f) Area wise comparison between the pre-test and post-test scores on knowledge regarding hepatitis among patients attending OPD of Gastroenterology.

Table-4.4: Area wise Mean, Standard deviation, Mean percentage and difference in mean percentage scores on knowledge regarding hepatitis among patients.

n=60

Area wise knowledge	Maximum Score	Pre-test			Post-test			Difference in mean percentage
		Mean	SD	Mean %	Mean	SD	Mean %	
Anatomy of liver	5	1.6	0.68	32	3.85	0.72	77	45
Physiology of liver.	4	1.36	0.54	34	2.81	0.59	70.25	36.2
General information	5	1.76	0.66	35.2	3.73	0.67	74.6	39.4
Mode of transmission	4	1.55	0.61	38.7	3.11	0.74	77.7	39
Signs & symptoms, diagnostic evaluation of hepatitis	5	1.85	0.63	37	3.24	0.62	64.8	27.8
Treatment	5	1.76	0.71	35.2	3.81	0.76	76.2	41
Prevention	7	2.81	1.11	40	6.01	0.97	85.8	45.8

The above table reveals that in area of Anatomy of Liver pretest mean score is 1.6± 0.68and mean percentage is 32, whereas in the post test mean score is 3.85 ± 0.72 and mean percentage is 77, which reveals the difference in mean percentage is 45.

In the area of Physiology of liver, the pretest mean score is 1.36 ± 0.54 and mean percentage is 34, whereas in the post test mean score is 2.81 ± 0.59 and mean percentage is 70.25, which reveals the difference in mean percentage is 36.2.

In the area of general information, the pretest mean score is 1.76 ± 0.66 and mean percentage is 35.2, whereas in the post test mean score is 3.73 ± 0.67 and mean percentage is 74.6, which reveals the difference in mean percentage is 39.4.

In the area of mode of transmission, the pretest mean score is 1.55 ± 0.61 and mean percentage is 38.7, whereas in the post test mean score is 3.11 ± 0.74 and mean percentage is 77.7, which reveals the difference in mean percentage is 39.

In the area of signs & symptoms and Diagnostic evaluation the pretest mean score is 1.85 ± 0.63 and mean percentage is 37, whereas in the post test mean score is 3.24 ± 0.62 and mean percentage is 64.8, which reveals the difference in mean percentage is 27.8.

In the area of Treatment, the pretest mean score is 1.76 ± 0.71 and mean percentage is 35.3, whereas in the post test mean score is 3.81 ± 0.76 and mean percentage is 76.2, which reveals the difference in mean percentage is 41.

In the area of prevention, the pretest mean score is 2.81 ± 1.11 and mean percentage is 40, whereas in the post test mean score is 6.01 ± 0.97 and mean percentage is 85.8, which reveals the difference in mean percentage is 45.8.Hence the above results reveal that the highest score is obtained in the area of anatomy of liver and prevention of hepatitis with the pretest score of 1.6 ± 0.68 and 2.81 ± 1.11, and post test score of 3.85±0.72 and 6.01 ± 0.97.

SECTION-D

a)Effectiveness of Structured teaching programme on knowledge regarding Hepatitis among Patients attending outpatient department of Gastroenterology.

Table-4.5: Mean, Standard deviation, mean difference and paired‘t’ value on knowledge regarding Hepatitis among patients attending OPD before and after Structured teaching programme.

n=60

Knowledge	Mean	SD	df	Paired ‘t’ value
Pretest	12.6	3.64	59	33.8
Post test	26.56	3.87		

***Significant at p≤ 0.05 level; Table value = 2.02**

The above table reveals that the pretest mean score on Knowledge is 12.6±3.64 and posttest mean score is 26.56 ± 3.87 respectively. The ‘t’ value is 33.8 which is greater than the table value 2.02. Hence the research hypothesis H_1 is retained at $p \leq 0.05$ level. Thus, it become evident that Structured teaching programme is effective in improving the knowledge regarding Hepatitis among patients attending OPD of Gastroenterology.

b) Effectiveness of Structured teaching programme on attitude regarding Hepatitis among patients attending OPD of Gastroenterology.

Table-4.6: Mean, Standard deviation, mean difference and paired't' value on attitude regarding Hepatitis among patients attending OPD in pretest and posttest.

n=60

Attitude	Mean	SD	df	't' test value
Pretest	42.63	13.95	59	12.17
Post test	73.4	14.75		

***Significant at p≤ 0.05 level; Table value = 2.02**

The above table reveals that the pretest mean score on attitude is 42.63±13.95 and posttest mean score is 73.4 ± 14.75 respectively. The 't' value is12.17 which is greater than the table value 2.02. Hence the research hypothesis H_2 is retained at p≤0.05 level. Thus, it become evident that Structured teaching programme is effective in developing most favorable attitude regarding Hepatitis among patients attending OPD of Gastroenterology.

c) Correlation between the level of knowledge and attitude regarding Hepatitis among patients attending OPD of Gastroenterology.

Table-4.7: Correlation between the knowledge and attitude regarding Hepatitis among patients attending OPD of Gastroenterology.

n=60

Group	Knowledge		Attitude		'r' value
	Mean	SD	Mean	SD	
Pre-test	12.6	3.62	42.63	13.95	0.01
Post-test	26.56	3.87	73.4	14.75	0.29

*** Significant at p ≤ 0.05 level, Table value= 0.25. df=59**

The above table shows that, the pre-test mean score on knowledge and attitude is 12.6±3.64 and 42.63±13.95 respectively. The calculated 'r' value is 0.01 which is lesser than the table value 0.25. The post-test mean score on knowledge and attitude is 26.56 ± 3.87 and 73.4 ± 14.75 respectively. The 'r' value is 0.29 which is greater than the table value 0.25.

This reveals that there is a positive moderate correlation between post-test score on knowledge and attitude regarding Hepatitis among patients attending OPD of Gastroenterology. It was true correlation between two variables. Hence the formulated hypothesis H_3 is retained at $p \leq 0.05$ level for post test score. Whereas, in pretest there is no correlation between knowledge and attitude regarding hepatitis among patients attending Outpatient department of Gastroenterology.

d) Association between the pre-test score on knowledge regarding Hepatitis among patients attending outpatient department of gastroenterology and their selected demographic variables.

Table-4.8: Chi-square test on knowledge regarding Hepatitis among patients and their selected demographic variables.

n=60

S.No	Demographic variables	df	χ^2	Table Value
1.	Age in years	8	**18.2***	15.51
2.	Gender	2	2.19	5.99
3.	Religion	6	**12.7***	12.59
4.	Educational status	8	**17.2***	15.51
5.	Occupation	8	13.2	15.51
6.	Dietary pattern	2	2.27	5.99
7.	Habit of smoking	2	2.18	5.99
8.	Habit of Alcoholism	2	4.17	5.99
9.	Previous Knowledge	2	2.75	5.99
10.	Co morbid illness	8	8.4	15.51

*** Significant at p≤ 0.05 level**

The above table reveals that, there is a significant association between the pretest score on knowledge regarding Hepatitis among patients attending OPD of Gastroenterology and the selected demographic variables such as Age, Religion and Educational status. Hence H_4 is retained only for Age, Religion and Educational status at p≤ 0.05 level.

There is no significant association between the Knowledge and their demographic variables such as Religion, Occupation, Dietary pattern, habit of smoking, habit of alcoholism, Previous knowledge regarding hepatitis and Co morbid illness. Hence H_4 is rejected for these variables at p≤ 0.05 level.

e) Association between the pre-test score on attitude regarding Hepatitis among patients attending OPD of gastroenterology and their selected demographic variables.

Table-4.9: Chi-square test on attitude regarding Hepatitis among Patients and their selected demographic variables.

n=60

S.No	Demographic variables	df	$\chi 2$	Table Value
1.	Age	8	**21.09***	15.51
2.	Gender	2	2.63	5.99
3.	Religion	6	**13.18***	12.59
4.	Education	8	**17.10***	15.51
5.	Occupation	8	12.34	15.51
6.	Dietary pattern	2	3.44	5.99
7.	Habit of smoking	2	2.71	5.99
8.	Habit of Alcoholism	2	2.7	5.99
9.	Co morbid illness	6	10.82	12.59

*** Significant at p≤ 0.05 level**

The above table reveals that, there is a significant association between the pretest score on attitude regarding Hepatitis among patients attending OPD of Gastroenterology and the selected demographic variables such as Age, Religion and Educational status. Hence H_4 is retained only for Age, Religion and Educational status at p≤ 0.05 level.

There is no significant association between the attitude and their demographic variables such as Religion, Occupation, Dietary pattern, habit of smoking, habit of alcoholism, Previous knowledge regarding hepatitis and Co morbid illness. Hence H_4 is rejected for these variables at p≤ 0.05 level.

Summary:

This chapter dealt with data analysis and interpretation in the form of statistical values based on the objectives. Paired‘t’ test was used to evaluate the effectiveness of Structured teaching programme on knowledge and attitude regarding Hepatitis among patients, the correlation test was used to find out the relationship between the knowledge and attitude regarding hepatitis among patients. The chi-square test was used to find out the association between the knowledge and attitude regarding hepatitis among patients and their selected demographic variables.

CHAPTER V

DISCUSSION

A pre- experimental one group pretest and posttest research study was done to evaluate the effectiveness of Structured teaching Programme on knowledge and attitude regarding hepatitis among patients attending Outpatient department of gastroenterology at a selected hospital, Salem.

Frequency and percentage distribution of patients according to their demographic variables:

Distribution of patients according to their demographic variables, 51.6% were in age group of 41 – 50 years of age, most of the patients 37(61.6%) are males and the remaining 23(38.4%) patients are females.

The present study finding was supported by **Sathiskumar et.al.,** conducted a study to assess the hepatitis B and C virus infection in urban and rural population of Tamil Nadu, India. The result shows that 57.8% were more than 40 years of age. 51.5% were males and 48.5% female.

Assessment of knowledge regarding hepatitis among patients attending outpatient department of gastroenterology:

In the pre test 32 (53.3%) patients had inadequate knowledge, 28 (46.7%) patients had moderately adequate knowledge and none of them had adequate knowledge regarding hepatitis.

The present study finding was supported by **Sreelatha. M .et al., 2014,**conducted a non – experimental study to assess the knowledge on hepatitis B among adolescents in selected rural Government junior college. The knowledge was

assessed by using Structured knowledge questionnaire The total mean score for whole sample was 23 % inadequate knowledge 19.04 ± 3.75. The study result showed that most adolescents had inadequate and moderate knowledge regarding hepatitis B and suggested extensive health education programs to improve knowledge regarding hepatitis B.

Assessment of Attitude regarding hepatitis among patients attending outpatient department of gastroenterology:

In the pretest 26(43.3%) patients had unfavorable attitude, 21 (35%) patients had uncertain attitude, 10 (16.6%) patients had favorable attitude and 3(5%) patients had most favorable attitude regarding hepatitis.

The present study finding was supported by **Abo Salem, 2015,** conducted a study to assess the attitude regarding hepatitis among secondary – school students. The study showed that among 180 participants, the mean attitude towards hepatitis score was 17.24 ± 0.84. This result suggested that there is a need to develop positive attitude towards hepatitis.

Effectiveness of Structured teaching programme on knowledge regarding hepatitis among patients attending outpatient department of gastroenterology:

In posttest, knowledge regarding hepatitis 14 (23.3%) patients had moderately adequate knowledge and 46 (76.6%) patients had adequate knowledge. The pretest mean score on knowledge was 12.6 ±3.64. The posttest mean score on knowledge was 26.56 ±3.87. The difference in mean score was 39.88. The 't' value was 33.8 significant at $p \leq 0.05$ level which is greater than the table value. This shows the effectiveness of Structured Teaching Programme on Knowledge regarding hepatitis among patients attending out patient department.

The present study was supported by **Bini Paul.V. J et al., 2015,** conducted a pre – experimental study to assess the effectiveness of Planned teaching programme on knowledge regarding hepatitis A & E among mothers of school children (6 – 14 years). The study result showed that pretest mean score of knowledge was 16 ± 4.8 and posttest mean score 24.9 ± 3.4 with mean difference 8.9. The 't' value was 12.2 significant at p ≤0.001. It showed that planned teaching programme was effective in improving the knowledge.

Effectiveness of Structured teaching programme on attitude regarding hepatitis among patients attending outpatient department of gastroenterology:

In posttest, attitude regarding hepatitis 28 (46.6%) patients have favorable attitude and 32 (53.4%) patients have most favorable attitude. The pretest mean score on attitude was 42.63 ± 13.95. The posttest mean score on attitude was 73.4 ± 14.75. The difference in mean score was 39. The 't' value was significant at p ≤ 0.05 level which is greater than the table value. Hence the research hypothesis H_2 was retained. This shows that structured teaching programme was effective in developing most favorable attitude regarding hepatitis among patients attending outpatient department.

Relationship between knowledge and attitude regarding hepatitis among patients attending Outpatient department of Gastroenterology:

The pretest mean score on knowledge and attitude was 12.6 ±3.64 and 42.63 ± 13.95 respectively. The 'r' value was 0.01. The posttest mean score on knowledge and attitude was 26.56 ±3.87 and73.4 ± 14.75 respectively. The 'r' value was 0.29. This reveals that there was positive correlation between the pretest and the post test score on knowledge and attitude regarding hepatitis among patients attending gastroenterology

outpatient department. Hence the formulated hypothesis H_3 was retained at $p \leq 0.05$ level.

The present study was supported by **NomanulHaq et al., 2012,** conducted a cross sectional study to assess the knowledge and attitude regarding hepatitis B. The result shows that there was a significant improvement in the knowledge and development of positive attitude after structured teaching programme on hepatitis B. the mean score of knowledge and attitude was 8.74± 2.7 and 3.72± 1.2. The study showed that a significant and positive correlation between knowledge and attitude $r=0.296$, $p < 0.01$ level.

Association between the pretest score on knowledge regarding hepatitis among patients attending outpatient department of gastroenterology and their selected demographic variables:

The study shows there was a significant association between the pretest score on knowledge regarding Hepatitis among patients attending OPD and the selected demographic variables such as Age, Religion and Educational status. Hence $H_4$was retained only for Age, religion and Educational status at $P \leq 0.05$ level. There was no significant association between the Knowledge and their demographic variables such as Religion, Occupation, Dietary pattern, habit of smoking, habit of alcoholism, Previous knowledge regarding hepatitis and Co morbid illness. Hence $H_4$was rejected for these variables at $P \leq 0.05$ level.

The present study was supported by **MahafrozKhatib et.al.,2015,** conducted a study to assess the knowledge, attitude and practices concerning Hepatitis B infection among healthcare workers in Bantama, Ghana. The result shows that there is a

significant association on knowledge and the selected demographic variables such as age at P≤ 0.05 level

Association between the pretest score on attitude regarding hepatitis among patients attending outpatient department of gastroenterology and their selected demographic variables:

The present study shows there was a significant association between the pretest score on attitude regarding Hepatitis among patients attending OPD and the selected demographic variables such as Age, Religion and Educational status. Hence $H_4$was retained only for Age, religion and Educational status at P≤ 0.05 level. There was no significant association between the attitude and their demographic variables such as Religion, Occupation, Dietary pattern, habit of smoking, habit of alcoholism, Previous knowledge regarding hepatitis and Co morbid illness. Hence $H_4$was rejected for these variables at P≤ 0.05 level.

Summary:

This chapter dealt with the discussion of the study with reference to the objectives and supportive studies. All the four objectives were obtained and the hypothesis H_1,H_2 and H_3 were retained whereas H_4 retained only for patient's age in years, Religion and Educational status on knowledge and attitude regarding hepatitis. It was rejected for other selected demographic variables both on knowledge and attitude regarding hepatitis.

CHAPTER VI

SUMMARY, CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS

This chapter consist of four sections. In the first two sections, the summary and conclusion are presented. In the last two sessions, the recommendations for further research and implications for nursing practice are presented.

Summary:

The main focus of the study was to evaluate the effectiveness of Structured teaching Programme on knowledge and attitude regarding hepatitis among patients attending outpatient department.

Pre-experimental study was used for this study. The conceptual frame work for the study was based on Imogene King's Goal Attainment Model. The tool used in this study consisted of three sections. Section A was Demographic variables, Section B was Structured Questionnaire, Section C was Five- point Likert Scale. Non-probability convenience sampling technique was adopted for the study and sample size was 60. The study was conducted at Sri Gokulam Hospital, Salem. The patients were selected between the age group of 21 – 70 years, patients who are attending outpatient department of gastroenterology.

The collected data were analyzed by using both descriptive and inferential statistics. To test the hypothesis paired 't' test and chi square test were used. The hypothesis were checked at $p \leq 0.05$ level of significance.

The Major Findings of the Study:

- Among 60 patients31(51.6%) were between age group of years
- Most of the patients 37 (61.6%)were males.
- Half of the patients 45 (75%) were Hindu.
- According to the educational status 17 (28.3%) patients had higher secondary education.
- In the occupation 24 (40%) patients were employee.
- Majority of the patients 53 (88.4%) were non- vegetarian.
- In the 60 patients 45 (75%) did not had the habit of smoking and remaining 15 patients were smokers.
- In the habit of alcohol 46 (76.7%) patients did not consume alcohol and remaining 14 (%) had the habit of taking alcohol.
- In the total patients 27(45%) had the co morbid illness of Hypertension.
- In the pretest,32 (53.3%) patients had inadequate knowledge, 28(46.7%) patients had moderately adequate knowledge regarding hepatitis.
- In the pre-test,26(43.3%) patients had unfavourable attitude,21(35%) patients had uncertain attitude regarding hepatitis.
- The mean sore on pre-test knowledge regarding hepatitis was 12.6 ± 3.6 and mean percentage was 36, where as in post-test mean score was 26.56 ± 3.87 and mean percentage is75.88. The pre-test attitude regarding hepatitis was 42.63 ± 13.95 and mean percentage was 42.63, where as in post-test mean score was 73.4 ± 14.75 and mean percentage is 73.4.
- The mean pre-test score on knowledge regarding hepatitis was 12.6 ± 3.6 and post test score was 26.56 ± 3.87 respectively. The 't' value was 33.81, significant at $p \leq 0.05$ level. Hence H_1 was retained.

- The mean pre-test score on attitude regarding hepatitis was 42.63 ± 13.95 and post test score was 73.4 ± 14.75 respectively. The 't' value was 12.17, significant at $p \leq 0.05$ level. Hence H_2 was retained.
- The pre-test mean score on knowledge and attitude regarding hepatitis was 12.6 ± 3.6 and 42.63 ± 13.95 respectively. The 'r' value was 0.01. The post-test mean score on knowledge and attitude regarding hepatitis was 26.56 ± 3.87 and 73.4 ± 14.75 respectively. The 'r' value was 0.29.
- The present study finding reveals that there was a significant association between the pre-test score on knowledge regarding hepatitis among patients with their demographic variables such as Age, Religion and Educational status . Hence H_4 was retained only for Age, Religion and Educational status at $p \leq 0.05$ level.
- There was no significant association between the pre-test score on knowledge and their selected demographic variables such as Gender, Occupation, Dietary pattern, habit of smoking, habit of alcoholism and co morbid illness.
- The present study finding reveals that there was a significant association between the pre-test score on attitude regarding hepatitis among patients with their demographic variables such as Age, Religion and Educational status. Hence H_4 was retained only for Age, Religion and Educational status at $p \leq 0.05$ level.
- There was no significant association between the pre-test score on attitude and their selected demographic variables such as Gender, Occupation, Dietary pattern, habit of smoking, habit of alcoholism and co morbid illness.

Conclusion:

The study was to evaluate the effectiveness of structured teaching programme on knowledge and attitude regarding hepatitis among patients attending outpatient department of gastroenterology at a selected hospital, Salem. The result of this study revealed that structured teaching programme was effective in improving the knowledge and develop most favorable attitude regarding hepatitis among patients attending outpatient department. This also reveals that there was a positive correlation between knowledge and attitude regarding hepatitis. There was significant association between pretest score on knowledge and attitude regarding hepatitis among patients attending outpatient department of gastroenterology and their selected demographic variables such as age, religion and educational pattern.

Implications:

The findings of the study have the following implications in the various areas of nursing service, nursing education, nursing administration and nursing research.

Nursing service:

- The nurse can understand the importance of structured teaching programme on knowledge and attitude regarding hepatitis as it enhances the patient's participation.
- The nurse can motivate the patients to know about hepatitis during their waiting hour at outpatient department to improve their knowledge and develop the favourable attitude regarding hepatitis.
- The nurse canteach herco-workers about the benefits of structured teaching programme for the patients attending outpatient department to improve knowledge and develop favourable attitude regarding hepatitis.

Nursing Education:

- In service education program should be conducted for nurses and help them to gain Knowledge regarding Hepatitis.
- Nurse educators can be emphasize the concept of hepatitis and encourage the student nurses to appreciate the role of the nurse as an educator of the patient and family.
- The nurse educator can play a role in creating awareness among patients attending outpatient department and insisting on them to follow healthy practices.
- The nurse educator can encourage other nurses to use different method of teaching such as video assisted teaching, interactive video films while educating the patients about hepatitis.

Nursing Research:

- Generalization of the study result can be made by further replication of study.
- The scope for the nurses to conduct research is tremendous to find out the effectiveness of various teaching methods; to educate patients and general public on relevant topics.
- Disseminate the finding through conferences, seminars, publication in journals and World Wide Web.
- Finding of the study can be utilized for conducting further observational studies.

Nursing Administration:

- The nurse administrator can organize and conduct various continuing education programs and in-service education programs regarding the prevention and treatments for hepatitis.

- The nurse administrator should take initiative on motivating the staff nurses to conduct the structured teaching programme regarding hepatitis during waiting hours at outpatient department.
- The nurse administrator can take necessary steps in formulating policies in providing patients education and also to plan the essential manpower, money, material and the time to conduct successful and useful patient education programmes.

Recommendations:

1. A similar study can be conducted with large sample size.
2. A similar study can be conducted with control group.
3. A similar study can be carried out by using different teaching strategies.
4. A study can be conducted to assess knowledge and practice on hepatitis among patients attending gastroenterology outpatient department.
5. A comparative study can be done to determine the effectiveness of structured teaching programme and self- instructed modules on knowledge regarding hepatitis among patients attending outpatient department.

Summary:

This chapter dealt with summary, conclusion, major findings, implications of nursing practice and recommendations.

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ANNEXURE - A

LETTER SEEKING PERMISSION TO CONDUCT A RESEARCH STUDY

From

Vivina. A

Final Year, M.Sc (Nursing),

Sri Gokulam College of Nursing,

Salem, Tamil Nadu.

To

The Principal,

Sri Gokulam College of Nursing,

Salem, Tamil Nadu.

Respected Sir/Madam,

Sub: Permission to conduct research project- request –reg

I, **Vivina**, Final Year M.Sc.(Nursing) student of Sri Gokulam College of Nursing, is conducting research project which is to be submitted to The Tamil Nadu Dr. M.G.R. Medical University, Chennai as partial fulfillment of University requirement for the award of M.Sc.(Nursing)Degree.

Topic: "A Study to assess the Effectiveness of structured teaching programme on knowledge and attitude regarding hepatitis among patients attending outpatient department of Gastroenterology at Selected Hospital, Salem."

I wish to seek administrative permission to conduct the research study at Salem Sri Gokulam specialty Hospital and Sri Gokulam Hospital, Salem. Kindly do the needful.

Thanking you.

Date:

Place:

Yours Sincerely

(VIVINA.A)

ANNEXURE-B

LETTER GRANTING PERMISSION TO CONDUCT A RESEARCH STUDY

SRI GOKULAM COLLEGE OF NURSING
3/836, Periyakalam, Neikkarapatti, Salem - 636 010.
Phone : 9043044558 / 0427-2272240/50 Fax : 0427 - 2270200, 2447077
Email : sgcon2001@gmail.com, Website : srigokulamcollegeofnursing.com

Date : .....

LETTER SEEKING PERMISSION TO CONDUCT A RESEARCH STUDY

To

The Managing Director.

Sri Gokulam Hospital,

Salem.

Respected Sir,

Sub: Permission to conduct research project request – reg

This is to introduce **Mrs. A.Vivina,** Final year M.Sc.(Nursing) student of Sri Gokulam College of Nursing. She is to conduct a research project which is to be submitted to "The Tamil Nadu Dr.M.G.R. Medical University, Chennai" in partial fulfilment of university requirement for the award of M.Sc. (Nursing) Degree.

Topic: "A Study to Assess the Effectiveness of Structured Teaching Programme On Knowledge and Attitude Regarding Hepatitis Among Patients Attending Outpatient Department Of Gastroenterology at Selected Hospital, Salem"

I request you to kindly permit her to conduct the research project in your esteemed hospital from 14.05.2018 to 02.06.2018. She will adhere to the hospital policies and regulations. Kindly do the needful.

Thanking you.

Yours sincerely,

(Dr.K.Tamizharasi)

Date: 11.05.2018

Place: Salem

ANNEXURE-C

LETTER REQUESTING OPINION AND SUGGESTIONS OF EXPERTS FOR CONTENT VALIDITY OF THE RESEARCH TOOL

From

Mrs. Vivina. A,

Final Year M.Sc., (N)

Sri Gokulam College of Nursing,

Salem, Tamil Nadu.

To,

(Through proper channel)

Respected Sir/ Madam,

Sub : Requesting opinion and suggestions of experts for establishing content validity of the tool.

I **Mrs. Vivina. A,** II Year M.Sc., (Nursing) student of Sri Gokulam College of Nursing, Salem, have selected the below mentioned Statement of the Problem for the research study to be submitted to The Tamil Nadu Dr. M.G.R. Medical University, Chennai as partial fulfillment for the award of Master of science in Nursing.

Topic: "A Study to assess the Effectiveness of Structured teaching programme on knowledge and attitude regarding hepatitis among patients attending outpatient department at Selected Hospital, Salem."

I request you to kindly validate the tool developed for the study and give your expert opinion and suggestion for necessary modifications.

Thanking you,

Place :Salem
Date :

Yours sincerely,

Mrs. Vivina. A

Enclosed:

1. Certificate of validation
2. Criteria checklist of evaluation of tool
3. Tool for collection of data
4. Intervention

ANNEXURE- D

TOOL FOR DATA COLLECTION

SECTION –A : DEMOGRAPHIC DATA

Sample no :

Instructions:

The researcher ask questions to the participants and they place a tick (✓) mark against the right option given below.

1) Age

a) 21 – 30 years
b) 31 – 40 years
c) 41 – 50 years
d) 51 - 60years
e) 61 - 70 years

2) Gender

a) Male
b) Female

3) Religion

a) Hindu
b) Muslim
c) Christian
d) Any other specify _____

4)Educational status

a) No formal education
b) Primary education
c) Secondary education
d) Higher secondary
e) Any degrees

5) Occupation

a) Daily wages.

b) Home maker
c) Student
d) Employee
e) Agriculture.

6) Dietary pattern

a) Vegetarian
b) Non – Vegetarian

7) Habits of smoking

a) Yes
b) No

If yes, how many years _____

8)Habit of alcohol

a) Yes
b) No

If yes, how many years _____

9)Previous knowledge regarding Hepatitis

a) Yes
b) No

If yes , how did you obtain information regarding hepatitis

a) By attending awareness programme
b) Through internet
c) Through books
d) Television , Radio
e) friends and relatives

10) Comorbid illness

a) Diabetes mellitus
b) Hypertension
c) Both a and b
d) Any other, specify

SECTION – B

A STRUCTURED QUESTIONNAIRE TO ASSESS THE KNOWLEDGE REGARDING HEPATITIS

Instructions:

The researcher ask questions to the participants and they place a tick (✓) mark against the right option given below.

I. Knowledge regarding Anatomy of Liver:

1) The largest organ in our body is

a) Lungs.
b) Liver.
c) Heart.
d) Brain.

2) The Liver is situated in

a) Right upper abdomen.
b) Left upper abdomen.
c) Right lower abdomen.
d) Left lower abdomen.

3) The shape of the liver is

a) Triangular
b) Square
c) Rectangular
d) Irregular

4)The lobes that liver have are

a) 2 lobes
b) 3 lobes
c) 4 lobes
d) 5 lobes

5)The organ which is having highest power of regeneration is

a) Lung
b) stomach
c) liver
d) heart

II. Knowledge regarding Physiology of Liver:

6)Protein metabolism occurs in

a) liver
b) bile duct
c) pancreas
d) lungs

7)Functions of liver is

a) destroying old RBCs
b) production of fibrinogen
c) de – amination
d) all the above

8)Bile is secreted by

a) lungs
b) pancreas
c) liver
d) stomach

9)The main clotting factor present in liver is

a) Vitamin k
b) fibrinogen
c) prothrombin
d) calcium

III. Knowledge regarding general information:

10) Hepatitis is

a) Inflammation of lungs
b) Scarring of liver
c) Injury to the liver

d) Inflammation of liver

11) The main cause of hepatitis is

a) smoking and alcoholism
b) sedentary lifestyle
c) contaminated food and water
d) obesity

12) The organisms which causes hepatitis is

a) virus
b) bacteria
c) fungai
d) Protozoa

13) Hepatitis is a

a) Non – communicable disease
b) Genetic disease
c) Communicable disease
d) Hereditary disease

14) The most dangerous type of hepatitis is

a) Hepatitis B
b) Hepatitis A
c) Hepatitis D
d) Hepatitis C

IV. Knowledge based on mode of transmission:

15)Hepatitis A virus is transmitted through

a) Hugging
b) Contaminated food and water
c) sneezing
d) tattooing

16)The type of hepatitis that transmitted through only blood and body fluids is

a) Hepatitis C
b) Hepatitis A

c) Hepatitis B

d) Hepatitis E

17)Hepatitis B is transmitted through

a) coughing and sneezing

b) use of someone's clothing

c) blood product and sexually transmitted

d) skin contact

18) Hepatitis E is transmitted through

a) Unsafe sex

b) Contaminated food & water

c) tattooing

d) Blood & blood products

V. Knowledge based on signs and symptoms and diagnostic evaluation:

19)The symptoms seen in patients with hepatitis is

a) nausea

b) vomiting

c) diarrhoea

d) Jaundice

20) The patients with hepatitis have pain in

a) leg

b) abdomen

c) knee

d) hand

21)The symptoms seen in patients when initially affected with Hepatitis is

a) Itching

b) Abdominal discomfort

c) Back pain

d) Headache

22)Hepatitis can be identified by

a) Blood test

b) X – ray

c) CT - scan

d) ECG

23) Preferable time for hepatitis test

a) After meals

b) Before meals

c) At any time

d) Night time

VI. Knowledge based on treatment :

24) The hepatitis is treated by

a) a healthy diet

b) proper bed rest and personal hygiene

c) timely medication

d) all the above

25) Antiviral drug for hepatitis B taken from

a) 0 – 6 months

b) 06months – 1 year

c) 1 – 2 year

d) 2 – 3 years

26) Antiviral drug of hepatitis C is given for

a) 10 weeks

b) 20 weeks

c) 12 weeks

d) 16 weeks

27)The medication for hepatitis E is given for

a) 2 months

b) 3 months

c) 5 months

d) 7 months

28) The hepatitis patients should avoid

a) fresh juices

b) milk

c) alcohol

d) canned beverages

VII. Knowledge regarding prevention and complication:

29)The vaccination for hepatitis A is given

a) At birth

b) After 3 months

c) 6 – 12 months

d) 1 year

30)There is no vaccine for

a) Hepatitis D

b) Hepatitis A

c) Hepatitis B

d) Hepatitis C

31)Hepatitis that prevented through vaccines are

a) Hepatitis A

b) Hepatitis C

c) Hepatitis B

d) Both Hepatitis A & B

32)Hepatitis A & C is prevented by

a) Avoid tattooing

b) Proper personal hygiene

c) Safe sexual activity

d) None of the above

33)Hepatitis B , C & D is through

a) Avoiding sharing of razors

b) Safe sexual activity

c) Avoid tattooing

d) All the above

34)The severe complication of hepatitis is

a) Liver cancer

b) Infection

c) Injury to liver

d) bleeding

35)The persons who are more prone to get hepatitis are

a) drivers

b) smokers

c) alcoholic persons

d) medical professionals

ANSWER KEYFOR KNOWLEDGEQUESTIONNAIRES

1	B	13	A	25	C
2	A	14	A	26	C
3	D	15	B	27	B
4	B	16	A	28	C
5	C	17	C	29	A
6	A	18	B	30	D
7	D	19	D	31	D
8	C	20	B	32	B
9	C	21	D	33	D
10	D	22	A	34	A
11	C	23	C	35	D
12	A	24	D		

SECTION – C

FIVE POINTS LIKERT SCALE TO ASSESS THE ATTITUDE REGARDING HEPATITIS

INSTRUCTION:

The researcher read the statements given below and place a tick (✓) mark against the correct response given by respondent..

S.No	Contents	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1.	Willing to screened for hepatitis.					
2.	Hepatitis is a curable disease.					
3.*	Hepatitis is communicable disease.					
4.	Hepatitis can be treated by traditional medicine or herbs.					
5.	Hepatitis can cause liver disease.					
6.*	Hepatitis will not transfer from mother to child.					
7.	Early screening may reduce the incidence of the disease.					
8.	Hepatitis is a life threatening disease					
9.*	Hepatitis may occur even if we touch the hepatitis infected person.					
10.	All patient should be tested for hepatitis before they receive health care.					
11.*	Hepatitis can be transmitted by mosquito bit.					
12.	Vaccination prevents spread of infections.					
13.*	People get infected with hepatitis as they have 'sinned'					
14.*	Eating yellow coloured foods caused jaundice.					

15.	The unchanged shave blades in salone leads hepatitis.					
16.*	Ayurvedic and herbal medicines are the only effective treatment.					
17.	Willing to give vaccine for your family members.					
18.	Only bland food should be eaten while recovering from jaundice.					
19.	It's safe to greet and hug hepatitis infected persons.					
20*	Chronic infection with hepatitis is shameful.					

*****Negative statements

ATTITUDE SCALE SCORING KEY

S.NO	ATTITUDE	SCORE
1	Most favourable attitude	Above 75
2	Favourable attitude	51 – 75
3	Unfavourable attitude	Below 50

கருவி - 1

தனி நபர் பற்றிய அடிப்படை விபரங்கள்

மாதிரி எண்:

குறிப்பு :

நேர்முக தேர்வாளர் பின்வரும் கேள்விகளை கேட்டு மிகவும் பொருத்தமான விடைகளுக்கு (✓) என்ற குறியை எதிரேயுள்ள கட்டத்தில் இடுவர்.

1) வயது
   - அ) 21 - 30 வயது
   - ஆ) 31 - 40 வயது
   - இ) 41 - 50 வயது
   - ஈ) 51 - 60 வயது
   - உ) 61 - 70 வயது

2) பாலினம்
   - அ) ஆண்
   - ஆ) பெண்

3) மதம்
   - அ) இந்து
   - ஆ) முஸ்லிம்
   - இ) கிறிஸ்தவர்
   - ஈ) மற்றவை

4) கல்வி நிலை
   - அ) முறையான கல்வி இல்லை
   - ஆ)ஆரம்ப கல்வி
   - இ) இடைநிலைக்கல்வி
   - ஈ) மேல்நிலைக்கல்வி
   - உ) தொழிற்கல்வி

5) தொழில்
   - அ) தினக்கூலி
   - ஆ) இல்லத்தரசி

இ) மாணவர்
ஈ) பணியாளர்
உ) விவசாயி

6) உணவு வகை
அ) சைவம்
ஆ)அசைவம்

7) புகைபிடிக்கும் பழக்கம்
அ) ஆம்
ஆ) இல்லை
ஆம் என்றால் எத்தனை ஆண்டுகள் _____

8) மது பழக்கம்
அ) ஆம்
ஆ) இல்லை
ஆம் என்றால் எத்தனை ஆண்டுகள் _____

9) ஹெபடைடிஸ் பற்றிய முந்தைய அறிவு
அ) ஆம்
ஆ) இல்லை

ஆம் என்றால், நீங்கள் ஹெபடைடிஸ் பற்றிய தகவலை எப்படி பெற்றீர்கள்
அ)விழிப்புணர்வு திட்டத்தில் கலந்து கொண்டதன் மூலம்
பி) இணையத்தின் மூலம்
இ) புத்தகங்கள் மூலம்
ஈ) தொலைக்காட்சி, வானொலி
உ) நண்பர்கள் மற்றும் உறவினர்கள்

10) தொடர்புடைய மற்ற வியாதிகள்
அ)நீரிழிவு நோய்
ஆ)உயர் இரத்த அழுத்தம்
இ)அ மற்றும் ஆ
ஈ) மற்றவை

கருவி - 2

ஹெபடைடிஸ் பற்றிய வினாக்கள்

குறிப்பு :

நேர்முக தேர்வாளர் பின்வரும் கேள்விகளை கேட்டு மிகவும் பொருத்தமான விடைகளுக்கு (✓) என்ற குறியை எதிரேயுள்ள கட்டத்தில் இடுவர்.

I. கல்லீரலின் அமைப்பு பற்றியவினாக்கள்:

1) நமது உடலில் உள்ள மிக பெரிய உறுப்பு

அ) நுரையீரல்.
ஆ) கல்லீரல்.
இ) இதயம்.
ஈ) மூளை.

2) கல்லீரல் அமைந்துள்ள இடம்

அ) வலது மேல் வயிறு.
ஆ) இடது மேல் வயிறு.
இ) வலது கீழ் வயிறு.
ஈ) இடது கீழ் வயிறு.

3) கல்லீரலின் வடிவம்

அ) முக்கோணம்
ஆ) சதுரம்
இ) செவ்வகம்
ஈ) வடிவமற்றது

4) கல்லீரலில் உள்ள பாகங்கள்

அ) 2 பாகம்
ஆ) 3 பாகம்
இ) 4 பாகம்
ஈ) 5 பாகம்

5) நமது உடலில் மீண்டும் வளரும் ஆற்றல் உடைய உறுப்பு

அ) நுரையீரல்
ஆ) வயிறு
இ) கல்லீரல்

ஈ) இதயம்

II. கல்லீரல் செயல்பாடுகள் பற்றிய வினாக்கள்:

6) புரோட்டீன் வளர்சிதை மாற்றம் ஏற்படும் இடம்

அ) கல்லீரல்
ஆ) பித்தநீர் குழாய்
இ) கணையம்
ஈ) நுரையீரல்

7) கல்லீரலின் செயல்பாடுகள்

அ)பழைய இரத்த சிவப்பணுக்களை அழித்தல்
ஆ) பைபபிரினோஜென் உற்பத்தி
இ)அமினோநீக்கம்
ஈ) மேல் கண்ட அனைத்தும்

8) பித்த நீர் சுரக்கும் இடம்

அ) நுரையீரல்
ஆ) கணையம்
இ) கல்லீரல்
ஈ) வயிறு

9) கல்லீரலில் உள்ள முக்கியமானரத்த உறைவு காரணி

அ) வைட்டமின் கே
ஆ) பைபிரினோஜென்
இ) புரோத்ரோம்பின்
ஈ) கால்சியம்

III. ஹெபடைடிஸ் பற்றிய வினாக்கள்:

10) ஹெபடைடிஸ் என்பது

அ) நுரையீரல் அழற்சி
ஆ) கல்லீரல் வடு
இ) கல்லீரல் காயம்
ஈ) கல்லீரல் அழற்சி

11) ஹெபடைடிஸ் நோய்கான முக்கிய காரணம்

அ) புகைபிடித்தல் மற்றும் மதுஅருந்துதல்
ஆ) குறைவான அல்லது போதிய உடற்பயிற்சி இல்லாமை
இ) அசுத்தமான உணவு மற்றும் நீர் அருந்துதல்

ஈ) உடல் பருமன்

12) ஹெபடைடிஸ் நோயினை ஏற்படுத்தும் நுண்கிருமிகள்

அ) வைரஸ்
ஆ) பாக்டீரியா
இ) பூஞ்சை
ஈ) புரோட்டோசோவா

13) ஹெபடைடிஸ் ஒரு

அ) தொற்று நோய் இல்லை
ஆ) மரபணு நோய்
இ) தொற்று நோய்
ஈ) பறம்பரை நோய்

14) ஹெபடைடிஸ்-யில் மிகவும் ஆபத்தான வகை

அ) ஹெபடைடிஸ் பி
ஆ) ஹெபடைடிஸ் எ
இ) ஹெபடைடிஸ் டி
ஈ) ஹெபடைடிஸ் சி

IV. ஹெபடைடிஸ் பரவும் முறை பற்றிய வினாக்கள்:

15) ஹெபடைடிஸ் எ வைரஸ் எதன் மூலமாக பரவும்

அ) கட்டியணைப்பதன் மூலம்
ஆ) அசுத்தமான உணவு மற்றும் நீர்
இ) தும்மல்
ஈ) பச்சைக் குத்திக் கொள்வது

16) எந்த வகையான ஹெபடைடிஸ் இரத்தம் மற்றும் உடல் திரவங்கள்

வழியாக மட்டும் பரவும்

அ) ஹெபடைடிஸ் சி
ஆ) ஹெபடைடிஸ் எ
இ) ஹெபடைடிஸ் பி
ஈ) ஹெபடைடிஸ் இ

17) ஹெபடைடிஸ் பி பரவும் முறைகள்

அ) இருமல் மற்றும் தும்மல்
ஆ) ஒருவர் பயன்படுத்திய ஆடைகளை

மற்றவர்கள் பயன்படுத்துதல் .

இ) பரிசோதிக்கப்படாத ரத்தம் மற்றும் உடலுறவின் மூலமாக பரவும்

ஈ) தோல் தொடர்பு

18) ஹெபடைடிஸ் இஎதன் மூலமாக பரவுகிறது

அ) பாதுகாப்பற்ற உடலுறவு

ஆ) அசுத்தமான உணவு மற்றும் நீர்

இ) பச்சைக் குத்திக் கொள்வது

ஈ) இரத்த மற்றும் இரத்த பொருட்கள்

V. ஹெபடைடிஸ் அறிகுறி மற்றும் நோய் கண்டறியும்முறை பற்றிய வினாக்கள்:

19) ஹெபடைடிஸ் நோயாளிகளுக்கு காணப்படும் அறிகுறிகள்

அ) குமட்டல்

ஆ) வாந்தி

இ) வயிற்றுப்போக்கு

ஈ) மஞ்சள் காமாலை

20) ஹெபடைடிஸ் நோயாளிகளுக்கு எந்த இடத்தில் வலி இருக்கும்

அ) கால்

ஆ) வயிறு

இ) முழங்கால்

ஈ) கை

21)ஹெபடைடிஸ்யினால் பாதிக்கப்பட்ட நோயாளிகளிடம் காணப்படும் ஆரம்பகால அறிகுறிகள்

அ) அரிப்பு

ஆ) வயிற்று கோளாறு

இ) முதுகு வலி

ஈ) தலைவலி

22) ஹெபடைடிஸ் நோயினை எதன் மூலமாக அறிந்துகொள்ளலாம்

அ) இரத்த பரிசோதனை

ஆ) எக்ஸ் - ரே

இ) சி.டி – ஸ்கேன்

ஈ) ஈசிஜி

23) ஹெபடைடிஸ் பரிசோதனை செய்வதற்கு தகுந்த நேரம்

அ) உணவிற்கு முன்

ஆ) உணவிற்கு பின்

இ) எந்த நேரத்திலும்

ஈ) இரவு நேரத்தில்

VI. ஹெபடைடிஸ் சிகிச்சை பற்றிய வினாக்கள்:

24) ஹெபடைடிஸ் நோயினை எதன் மூலம் சரிசெய்யலாம்

அ) ஆரோக்கியமான உணவு

ஆ) சரியான ஓய்வு மற்றும் தனிப்பட்ட சுகாதாரம்

இ) சரியான மருந்து

ஈ) மேல்கண்ட அனைத்தும்

25) ஹெபடைடிஸ் பிக்கு தடுப்பு மருந்து எடுத்துக்கொள்ளும் காலம்

அ) 0 - 6 மாதங்கள்

ஆ) 06 மாதங்கள் – 1 வருடம்

இ) 1 - 2 வருடம்

ஈ) 2 - 3 ஆண்டுகள்

26) ஹெபடைடிஸ் சி - காண ஆன்டிவைரல் மருந்து எடுத்துக்கொள்ளும் காலம்

அ) 10 வாரங்கள்

ஆ) 20 வாரங்கள்

இ) 12 வாரங்கள்

ஈ) 16 வாரங்கள்

27) ஹெபடைடிஸ் இ க்கு மருந்து கொடுக்கப்படும் காலம்

அ) 2 மாதங்கள்

ஆ) 3 மாதங்கள்

இ) 5 மாதங்கள்

ஈ) 7 மாதங்கள்

28) ஹெபடைடிஸ் நோயாளிகள் தவிர்க்க வேண்டியவை

அ) பழ சாறுகள்

ஆ) பால்

இ) மது

ஈ) பதப்படுத்தப்பட்ட பானங்கள்

VII. தடுக்கும் முறை மற்றும் பின்விளைவுகள் பற்றிய வினாக்கள்:

29) ஹெபடைடிஸ் எகான தடுப்பூசி வழங்கும் காலம்

அ) பிறந்தவுடன்

ஆ) 3 மாதங்களுக்கு பிறகு

இ) 6 - 12 மாதங்கள்

ஈ) 1 வருடம்

30) எந்த ஹெபடைடிஸ் வகைக்கு தடுப்பூசி இல்லை

அ) ஹெபடைடிஸ் டி

ஆ) ஹெபடைடிஸ் எ

இ) ஹெபடைடிஸ் பி

ஈ) ஹெபடைடிஸ் சி

31) தடுப்பூசிகள் மூலம் தடுக்கும் ஹெபடைடிஸ் வகை

அ) ஹெபடைடிஸ் எ

ஆ) ஹெபடைடிஸ் சி

இ) ஹெபடைடிஸ் பி

ஈ) ஹெபடைடிஸ் எ& பி

32) ஹெபடைடிஸ் எ&இயைஎதன் மூலமாக தடுக்கலாம்

அ) பச்சை குத்திக் கொள்வதை தவிர்க்கவும்

ஆ) முறையான தனிப்பட்ட சுகாதாரம்

இ) பாதுகாப்பான உடலுறவு

ஈ) மேற்கண்டவை ஏதும் இல்லை

33) ஹெபடைடிஸ் பி , சி&டி எதன் மூலமாக தடுக்கலாம்

அ) உபயோகித்த ரேசரை பகிர்ந்துகொள்ள கூடாது

ஆ) பாதுகாப்பான உடலுறவு

இ) பச்சைகுத்துதலை தவிர்த்தல்

ஈ) மேற்கண்ட அனைத்தும் .

34) ஹெபடைடிஸ் யின் பின்விளைவுகள்

அ) கல்லீரல் புற்றுநோய்

ஆ) நோய்த்தொற்று

இ) கல்லீரல் காயம்

ஈ) இரத்தப்போக்கு

35) ஹெபடைடிஸ் நோயினால் அதிகம் பாதிக்கப்படுபவர்கள்

அ) ஓட்டுனர்கள்

ஆ) புகை பிடிப்பவர்கள்

இ) மது அருந்துபவர்கள்

ஈ) மருத்துவ நிபுணர்கள்

கருவி - 3

ஹெபடைடிஸ் தொடர்பான அணுகுமுறையை அளவிட உதவும் அளவுகோல்

குறிப்பு :

கீழே கொடுக்கப்பட்டுள்ள வினாக்கள் அனைத்தும் ஆராயிச்சியாளரால் பங்கு பெறுவோரிடம் கேட்கப்பட்டு அவர்கள் அளிக்கும் தகவல்களுக்கு ஏற்றவாறு ஆராயிச்சியாளர் அதற்கேற்ப சரியான இடத்தில் குறியீட்டினை(✓) செய்வர்

எண்	பொருளடக்கம்	முழுமையாக ஏற்றுக்கொள்ளுதல்	ஏற்றுக்கொள்ளுதல்	தவிர்க்கமுடியாத	மறுத்தல்	முழுமையாக மறுத்தல்
1.	ஹெபடைடிஸ் நோய்க்கான பரிசோதனை செய்ய விருப்பம்.					
2.	ஹெபடைடிஸ் குணப்படுத்தக்கூடிய நோயாகும்.					
3.*	ஹெபடைடிஸ்ஒரு தொற்று நோய்.					
4.	ஹெபடைடிஸ் நோயினை பாரம்பரிய மருந்து மற்றும் மூலிகைகள் மூலம் சரிசெய்யலாம்.					
5.	ஹெபடைடிஸ் கல்லீரல் அழற்சியை ஏற்படுத்தும் .					
6.*	ஹெபடைடிஸ் தாயிடமிருந்து குழந்தைக்கு பரவாது.					
7.	ஆரம்ப காலத்திலேயே ஸ்கிரீனிங் செய்தல் நோய் தாக்கத்தை குறைக்கலாம்.					
8.	ஹெபடைடிஸ் உயிருக்கு ஆபத்தான நோயாகும்.					
9.*	ஹெபடைடிஸ் நோய் உள்ளவர்களை தொட்டாலும் கூட ஹெபடைடிஸ் ஏற்படும்.					

10.	எல்லா நோயாளிகளும் ஹெபடைடிஸ் நோயைப் பரிசோதிக்கபட வேண்டும்					
11.*	கொசு கடி மூலமாக ஹெபடைடிஸ் பரவுகிறது.					
12.	ஹெபடைடிஸ் நோயினை தடுப்பூசி மூலம் தடுக்கலாம்					
13.*	ஹெபடைடிஸ் நோயால் பாதிக்கப்பட்டவர்கள் 'பாவம் செய்தவர்கள் '					
14.*	மஞ்சள் நிற உணவை சாப்பிடுவதால் மஞ்சள் காமாலை ஏற்படுகிறது.					
15.	ஒருவர் உபயோகித்த ரேசர் ப்ளாடுகளை மற்றவர் உபயோகிப்பதன் மூலம் ஹெபடைடிஸ் ஏற்படுகிறது					
16.*	ஆயுர்வேத மற்றும் மூலிகை மருந்துகள் மூலம் ஹெப்பாடிட்டீசை குணப்படுத்தலாம் மட்டுமே பயனுள்ள சிகிச்சை.					
17.	என் குடும்ப உறுப்பினர்களுக்கு தடுப்பூசி கொடுக்க தயாராக இருக்கிறேன்.					
18.	மஞ்சள் காமாலை யில் இருந்து மீளும் பொது பத்திய சாப்பாடு உணவு சாப்பிட வேண்டும்.					
19.	ஹெபடைடிஸ் நோயாளிகளை கட்டியணைத்தாலும் ஹெபடைடிஸ் பரவாது .					
20	ஹெபடைடிஸ் உடனான நீண்டகால நோய்த்தொற்று அவமானத்திற்குரியது .					

* எதிர்மறை அறிக்கைகள்

HEPATITIS

Topic	:	Hepatitis.
Group	:	Patients attending out patient department.
Place	:	Sri Gokulam hospital, Salem.
Time	:	30 minutes.
Medium of instruction	:	Tamil & English.
Method of Teaching	:	Structured teaching programme.
Teaching aid	:	Laptop

CENTRAL OBJECTIVE:

The patients are able to acquire / gain adequate knowledge and develop positive attitude regarding hepatitis & its types and apply the necessary skills in day to day practice.

SPECIFIC OBJECTIVES:

At the end of the class the patients will be able to;

1. outline about Anatomy and physiology
2. define hepatitis
3. enlist the types of hepatitis
4. enumerate the causes of hepatitis
5. listout the mode of transmission of hepatitis
6. enlist the signs & symptoms of hepatitis
7. discuss the diagnostic tests
8. explain the treatment of hepatitis
9. describe the prevention of hepatitis
10. listout the complications of hepatitis

Time	Specific objective	Content	Teachers activity	Learners activity
3minute	Outline about Anatomy and physiology of liver	**INTRODUCTION:** ➢ Liver is located in the right upper area of the abdomen. ➢ The liver is the largest gland in the body, weighting between 1 and 2.3kg. ➢ Its upper and anterior surfaces are smooth and curved to fit under surface of the diaphragm, its posterior surface is irregular in outline. The organs associated with the liver is • Superiorly and anteriorly – diaphragm and anterior abdominal wall. • Inferiorly – stomach , bile ducts , duodenum, hepatic flexure of the colon, right kidney and adrenal gland. • Posteriorly – oesophagus , inferior vena cava , aorta , gall bladder , vertebral column , and diaphragm. • Laterally – lower ribs and diaphragm. **Functions of liver:** The liver is an extremely active organ, which has many important	Introducing the outline about Anatomy and physiology.	Listening Listening

		function, that are described below. **Carbohydrate metabolism**: ✓ The liver has important role in maintaining plasma glucose level. **Fat metabolism:** ✓ Stored fat can be converted to a form in which it can be used by the tissues to provide energy. **Protien metabolism:** ✓ It helps forming new non – essential amino acids and include blood clotting factor and helps in removal of nitrogenous waste molecule. **Detoxification of drugs and toxic substances:** ✓ Helps to remove the toxin substances from the body. **Production of heat:** ✓ The liver uses a considerable amount of energy, has a high metabolic rate and consequently produces a great deal of heart.		Listening

2 minutes 5 minutes	Define hepatitis. Enlist the type of hepatitis.	**Storage:** • Glycogen. • Fat soluble vitamins; A , D, E , K. • Iron , copper. • Some water soluble vitamins. eg., vitamin B12. **HEPATITIS** **DEFINITIONS:** Hepatitis is an inflammation of liver. This condition can be self limiting or can progress to fibrosis [scarring], Cirrhosis or liver cancer. **TYPES:** The types of hepatitis include, • Viral • Toxic • Autoimmune hepatitis. The viral hepatitis include, ❖ Hepatitis A ❖ Hepatitis B ❖ Hepatitis C	Defining hepatitis. Enlisting the types of hepatitis.	Listening

		❖ Hepatitis D ❖ Hepatitis E **Viral :** Hepatitis A: ✓ It is a liver disease caused by hepatitis A virus. ✓ The virus is primarily spread when an uninfected [and unvaccinated] person ingests food or water that is contaminated with the faeces of an infected person. ✓ The disease is closely associated with unsafe water or food, inadequate sanitation and poor personal hygiene. ✓ It is more common in childrens. It causes prolonged illness for up to 6 months, but usually only causes mild illness. Hepatitis B: ✓ Hepatitis B is a viral infection that attacks liver and can cause both acute and chronic disease. ✓ Hepatitis B is a potentially life threatening liver infection caused by the Hepatitis B virus (HBV). ✓ It is a major global health problem. ✓ It can cause chronic infection and puts people at high risk of death from cirrhosis and liver cancer.		Listening and observing

		Hepatitis C: ✓ Hepatitis C is a liver disease caused by the hepatitis C virus, ✓ Virus can cause acute and chronic hepatitis. ✓ Ranging n severity from mild illness lasting a few weeks to serious lifelong illness. Hepatitis D: ✓ Hepatitis D is a liver disease in both acute and chronic forms caused by the hepatitis D virus (HBV) that requires HBV for its replication. ✓ Hepatitis D infection cannot occurs in the absence of hepatitis B virus. Hepatitis E: ✓ Hepatitis E is a liver disease caused by the hepatitis E virus (HEV) a small virus, with a positive sense, single stranded, ribonucleic acid (RNA) genome. Toxic: ➢ The liver get inflamed due to any toxic substances. eg; drinking of too much of alcohol cause inflammation and called alcoholic hepatitis.		Listening and observing

3 minutes	Enumerate the causes of hepatitis.	<u>Autoimmune hepatitis:</u> ➢ The inflammation in liver that occurs when the immune system attacks the liver. ➢ The antigen antibody reaction will takes place. **CAUSES / RISK FACTORS:** **Hepatitis A:** It includes ✓ contaminated food. ✓ improper personal hygiene. ✓ close physical contact with an infectious person. ✓ may be airborne if copious secretion ✓ shellfish from contaminated waste. ✓ over crowding and poor sanitation. ✓ use of recreational drugs. **Hepatitis B:** ✓ multiple sex partners. ✓ IV drug abusers. ✓ Patients requiring repeated blood transfusion	Enumerating the causes.	Listening and observing

		• Hemophilia • Thalassemia. ✓ Tattooing. ✓ Infected mother to child at birth. **Hepatitis C:** ✓ Unscreened blood products. ✓ Reuse of needles. ✓ Inadequate sterilization of medical equipments. ✓ Casual contacts such as hugging , kissing and sharing food or drinks with an infected person. ✓ Unprotected sexual intercourse with infected person. **Hepatitis D:** ✓ Percutaneously or sexually through contact with infected blood or blood products. ✓ Vertical transmission from mother to child is rare. **Hepatitis E:** ✓ Faecal – oral route due to contamination of drinking water. ✓ Ingestion of undercooked meat or meat products. ✓ Transfusion of infected blood products.		Listening and observing Listening and

5 minutes	Listout the mode of transmission of hepatitis.	✓ Poor sanitation. ✓ Vertical transmission from a pregnant women to her fetus. **MODE OF TRANSMISSION:** **Hepatitis A:** ➢ The hepatitis A virus is spread primarily by the faecal – oral route and the incubation period is about 15 – 45 days. Hepatitis A is usually spread through ✓ Close physical contact with an infected person , although casual contact among people does not spread the virus. ✓ Dirty hands ✓ Eating or drinking contaminated food or water. ✓ Sharing eating utensils that are contaminated. **Hepatitis B:** ➢ The hepatitis B virus is primarily spread through blood and body fluids and incubation period about 30 – 180 days. The most common ways hepatitis is spread include: ✓ Sexual contact ✓ Sharing of needles and other equipments. ✓ Body piercing and tattoos.	Listing out mode of transmission of hepatitis.	observing Listening and observing

		✓ Sharing personal items such as razors , toothbrushes , or hair and nail clippers. ✓ Childbirth. **Hepatitis – C:** ➢ The hepatitis C is believed to be transmitted only by blood and blood products and the incubation period is [15 – 160 days]. This is the common way. This might happen if you: ✓ Use a needle or syringe of infected person. ✓ Injured by a needle stick in lab or other health care setting. ✓ Share razors , toothbrush or other personal hygiene items that may have touched an infected person's blood. Apart from that it is transmitted through • Tattooing • Body piercing • Body art **Hepatitis – D:** ➢ It is spread in similar ways to hepatitis B because the virus is found in blood.		Listening and observing

5 minutes	Enlist the signs and symptoms of hepatitis.	➢ Blood and Bloody products and the incubation period is 30 – 180 days. **Hepatitis – E:** ➢ Hepatitis E virus is primarily transmitted through Faeco – oral route and incubation period is 14 – 60 days. The person may unknowingly drink contaminated tap water when travelling in an area with poor sanitation. **SIGNS AND SYMPTOMS:** **Hepatitis A:** Adults have signs and symptoms of illness more often than children. The 90% of the cases are Asymptomatic, ✓ Asymptomatic [90%] ▪ clinically silent ▪ anorexia ▪ nausea ▪ vomiting ▪ abdominal discomfort ▪ Symptomatic [10%] ▪ jaundice	Enlisting the signs and symptoms of hepatitis.	Listening and observing

		▪ dark coloured urine ▪ pale stools. The severity of disease , and fatal outcomes are higher in older age group. Infected children under 6 year of age do not usually experience noticeable symptoms and only 10% develop jaundice. **Hepatitis – B:** The symptoms are non – specific ▪ moderate fever ▪ headache ▪ malaise and weakness ▪ fatigue ▪ anorexia ▪ abdominal distension ▪ hepatomegaly ▪ hepatic facies ▪ liver palms ▪ spider angioma. **Hepatitis – C:** ▪ fever ▪ fatigue		Listening and observing

		▪ decreased appetite ▪ nausea ▪ vomiting ▪ abdominal pain ▪ jaundice ▪ extra hepatic manifestation ▪ arthritis ▪ glomerulonephritis **Hepatitis – D:** Simultaneous infection with hepatitis B virus and hepatitis C virus, can bad to mild to severe or even fulminant hepatitis ▪ Jaundice ▪ Nausea ▪ vomiting ▪ extreme fatigue ▪ abdominal pain ▪ liver cirrhosis. **Hepatitis – E:** The signs and symptoms of hepatitis E includes ▪ mild fever		Listening and observing

3 minutes	Discuss the diagnostic evaluations of hepatitis.	▪ reduced appetite [anorexia] ▪ nausea and vomiting ▪ abdominal pain ▪ itching [without skin lesions] ▪ skin rash ▪ joint pain ▪ jaundice [yellow discolouration of skin ans sclera of eyes] ▪ a slightly enlarged tender liver [hepatomegaly] In rare cases, acute hepatitis E can be severe and results in fulminant hepatitis [Acute liver failure]. **DIAGNOSIS:** The main diagnostic procedure is a detection of specific immunoglobulin antibodies in blood ✓ History collection / Physical examination. Pain or tenderness over abdomen, skin or eye yellowishness ✓ USG abdomen – liver enlargement ✓ Blood test o Detecting hepatitis antigen.	Discussing the diagnostic evaluation of hepatitis.	Listening and observing

5 minutes	Explain the treatment for hepatitis.	✓ Liver biopsy ✓ Liver function test o Albumin – low level o AST , ALT – High level o Bilirubin – Elevated level **TREATMENT:** **Medical management:** <u>Hepatitis – A:</u> The goal is used to reduce the the morbidity and to present complications, ➢ Analgesic agents – Acetaminophen ➢ Antiemetics – Metoclopromide ➢ Immunoglobulin IM – Gammaplex **<u>Hepatitis – B :</u>** If the symptoms of acute infection is seen, treatment with antiviral medicine usually isn't needed. ➢ Home treatments such as o Eating well o Drinking plenty of fluids	Explaining the treatment for hepatitis.	Listening and observing

		○ Avoiding alcohol ➢ Symptomatic treatment include ○ Anti – emetics ○ Analgesics ○ Antiviral drugs ▪ Entecavir [Baraclude] ▪ Tenofovir [vired] ○ Peg interferon [PEG – IFN] given for 1- 2 years for chronic patients. **<u>Hepatitis – C :</u>** ➢ Antiviral ▪ Ribavirin ▪ Epclusa [Sofosbuvir 400mg / Velpatasvir 100mg] These Antiviral medicine will be given to patients for 12 weeks. ○ Apart from this the supportive regimens will be given as, ▪ Antiemetics ▪ Analgesics		Listening and observing Listening and observing

2 minutes	Describe the prevention of hepatitis.	**Hepatitis – D :** There is no specific pharmacologic treatment has been approved for hepatitis D. However ➢ PEG – IFN will be given over 48 weeks. **Hepatitis – E:** ➢ Electrolytes are necessary ▪ Potassium Chloride ▪ Calcium gluconate ➢ Antiviral agent ▪ Ribavirin – 3 months is the first treatment ▪ Peginterferon Alpha 2a is an alternative treatment. **PREVENTION:** **Hepatitis – A :** o Immunization in children [1 – 18 years of age] o It is an inactivated [killed] vaccine, given 2 doses at 0 , 6 – 12 months, IM. o Adult need booster dose 6 to 12 months following initial dose of vaccine. o Protection against hepatitis A begins approximately two to	Describing the prevention of hepatitis.	Listening and observing

		four weeks after the initial vaccination. o Protection lasts at least 15 years and is estimated to last at least 25 years if the full course is administered. o Trade name include Biovac A , Havrix , others **Hepatitis – B :** The first dose is recommended within 24 hours of birth with either two or three more doses given after that. o Perinatal prophylaxis of infants ▪ HBIG 0.5ml IM in thigh given immediately after birth. ▪ Full course of HB vaccine started within 12 hours of birth. o Post exposure prophylaxis ▪ Combination of Hepatitis B Immunoglobulin [HBIG] and HBV vaccine is recommended. Following the primary course of 3 vaccination , a blood test may be taken after an interval of 1 – 4 months to establish if there has been an adequate response , which is defined as an anti – hepatitis B surface antigen [anti – Hbs] antibody level above 100mIU / ml.		Listening and observing

		such a full response occur in about 85 – 90 % of individuals. **Hepatitis C & E:** No vaccines for hepatitis C and E. **Hepatitis D:** There is no vaccine for hepatitis D , but can be prevented in persons who are not already HBV – infected by Hepatitis B Vaccination. **In General:** ✓ Wash your hands after going to the bathroom and before fixing food or eating. ✓ Use latex condoms , which may lower the risk of transmission. ✓ Avoid tap water when travelling to certain countries or regions. ✓ Don't share drug needles. ✓ Don't share personal items – such as toothbrushes , razors with an infected person.		
2 minutes	Listout the complications for hepatitis.	**COMPLICATION:** The main complication • Chronic liver disease.	Listing out the complications for hepatitis.	

		• Cirrhosis of liver. • Liver cancer. Others include , • Bleeding disorders. • Ascites. • Portal hypertension. • Kidney failure • Hepatic encephalopathy. The complications can be prevented if hepatitis has been diagnosed earlier.		

CONCLUSION

Knowing the knowledge of a person regarding hepatitis and attitude is based on the persons interest. Prevention is better than cure

tbtikf;fg;gl;l ghlj;jpl;lk;

jiyg;G : fy;yPuy; mow;rp/ n`gilb];

gphpT : GwNehaspfs; gphpT

,lk; : = NfhFyk; kUj;Jtkid> Nryk;

Neuk; : 30 epkplk;

fw;gpf;Fk; Kiw : fl;likf;fg;gl;l fw;gpf;Fk; jpl;lk;

fw;gpf;Fk; rhjdk; : kbf;fzpdp.

nghJthd Nehf;fq;fs; :

Nehaspfs; fy;yPuy; mow;rp kw;Wk; mjd; tiffs; gw;wpa njspthd mwpitAk;> Neh;kiuahd kdg;ghf;fpidtsh;j;J mjid jpdrhp eilKiwapy; cgNahfpj;jy;.

Fwpg;gpl;l Nehf;fq;fs; :

fw;gpj;jy; gFjpapd; Kbtpy;> Nehahspfs; njhpe;Jf;nfhs;s Ntz;bait

- fy;yPuypd; tbtk; kw;Wk; nray;ghLfs;
- fy;yPuy; mow;rp gw;wpa tiuaiu
- fy;yPuy; mow;rpapd; tiffs;
- fy;yPuy; mow;rpapd; fhuzq;fs;
- fy;yPuy; mow;rp guTk; Kiwfs;
- fy;yPuy; mow;rpapd; mwpFwpfs;
- fy;yPuy; mow;rpf;fhd ghpNrhjidfs;
- fy;yPuy; mow;rpf;fhd rpfpr;ir Kiwfs;
- fy;yPuy; mow;rp jLf;Fk; Kiwfs;

- fy;yPuy; mow;rpf;fhd mow;rpapd; gf;f tpisTfs;

Neuk;	jdpg;gl;l Nehf;fk;	nghUslf;fk;	Mrphpah; eltbf;iffs;	gq;Nfw;ghsh; eltbf;if
3 epkplk;	fy;yPuy; tbtk; kw;Wk; nray;ghLfis tpsf;Fjy;	**Kd;Diu :-** n`g;gill;b]; NehahdJ cyfnkq;Fk; gutpapUf;Fk; xU nfhba NehahFk; ,e;NehahdJ gytopfs; %ykhf ekJ clypy; gutp fy;yPuiy ghjpf;fpwJ vdNt ,e;Nehapid gw;wpa tpopg;Gzh;T kpfTk; mtrpakhdJ mjidg; gw;wpa tpopg;Gzh;it fPo; fhz;gdtw;wpd; %yk; mwpe;Jnfhs;syhk; **fy;yPuy; tbtk; kw;Wk; nray;ghLfs; :-** ➢ fy;yPuy; ekJ clypd; tyJGwk; caph;fs; Nky;gFjpapy; mike;Js;sJ ➢ ekJ clypd; ngwpa cWg;G fy;yPuy; MFk;> ,J 1	fy;yPuypd; tbtk; kw;Wk; nray;ghLfis	ftdpj;jy;

		½ -2>3 fpNyh vil cs;sJ. fy;yPuypy; tyJ kw;Wk; ,lJ vdg;gLk; ,uz;L miwfs; cs;sJ ➢ ,jd; Nky; kw;Wk; Kd;G gFjp nkd;ikahfTk;> kW cjutpjhdq;fSf;Fs; nghUe;Jk; mstpw;F tise;J fhzg;gLfpwJ. fy;yPuypd; kpd; gFjp tbtkw;wJ. <u>fy;yPuYld; njhlh;Gila cWg;Gfs;:</u> Nky; kw;Wk; Kd;Gwq;fspy;-cjutpjhdk; Kd;Gw tapw;W Rth; fPo;Gwkhf – tapW> gpj;j ehsk;> rpWFlypd; Kw;gFjp>tyJ rpWePufk; ngUq;fly;> ml;hpdy; Rug;gp gpd;Gwkhf : czT Foha; ,d;gPhpah; tPdNfth> kfhjkdp> gpj;jg;ig> KJnfOk;G>cjutpjhdk;. gf;f thl;lhf cjutpjhdk;>fPo;tpyh vYk;Gfs;. <u>fy;yPuypd; nray;ghLfs;:</u> ➢ ekJ clypd; Kf;fpakhd ,urhad khw;wq;fis nra;Ak;	gw;wp tpthpj;jy;	

		njhopw;rhiy ,JthFk;. ➢ fy;yPuypy; E}w;Wf;fdf;fhd gzpfis nra;fpd;wd. mtw;wpd; rpy nray;ghLfs; kw;WNk rPudj;jpw;fhf nray;gLgit ✓ cztpd; rj;JnghUl;fs; Flyhy; fpufpf;fg;gLfpd;wd. ✓ fy;yPuy; Kjypy; Fly;ypy; ,Ue;J tUk; ghf;bhpah Nghd;wtw;iw ePf;FfpwJ ✓ Fly; fpufpj;J ,uj;jJld; mDg;gp ,Uf;Fk; rj;JnghUl;fis NkYk; rpijj;J cly; cgNahfpf;f jf;ftifahf khw;Wk; ✓ clYf;F Njitahd nfhOg;G rj;jpd; ghjpia fy;yPuy; jahhpf;fpd;wJ kPjp cztpy; ,Ue;J tUfpwJ ✓ nfhOg;Gfs; Rwf;Fk; gpj;jePiu Ruf;FfpwJ rf;fiuia fpisNfh\d; Mf khw;wp Nrkf;fpwJ. ✓ My;Gkpd; nts;is Gujk; FNshGypd;		ftdpj;jy;

		vDk; ,uj;j Gujk; kw;Wk; gh;gphpNdh\d; vDk; fiua Gujk; ✓ gpj;j ePh; Ruf;fTk;> <NkhFNshgpdpd;mikg;gpd; gq;fspf;Fk; ,Uk;G> vida rpy jdpkq;fs;>caph; rj;Jf;fs;> nfhy];buhy;> Nghd;wtw;iw Nrkpj;J itf;fpd;wJ. ✓ a+hpah cw;gj;jp> gpshrkh Guj cw;gj;jp Nghd;w cw;gj;jpfspy;<LgLfpwJ. ✓ cl;nfhs;Sk; czit nrhpj;J Mw;wiytUthf;fTk;> Rug;gpfisr; nray;glTk; itf;fpwJ. ✓ fhaq;fis Mw;Wk; tz;zKk;>,uj;jj;ij ciwa itf;f Njitahd Gujq;fisAk; cw;gj;jp nra;a fy;yPuy; cjTfpwJ. ✓ kw;Wk; gioa rptg;gf;fis mopf;fcjTfpwJ. **<u>fy;yPuy; mow;rp</u>** **tiuaiu** :- n`gilb];		ftdpj;jy;

2 epkplk; 5 epkplk;		fy;yPuy; mow;rp vd;gJ fy;yPuy; tPf;fkhFk;. ,e;j epiyia Rakhf fl;Lg;gLj;jp ,Uf;f KbAk; mt;thW ,y;iy vd;why;/igg;Nuh]p];>fy;yPuy; mow;rp my;yJ fy;yPuy; Gw;WNeha; Mfpatw;wpw;F Kd;Ndwp nry;Yk;. **tiffs;:** n`gilb]; gy tifg;gLk;> mit  - n`gilb]; - A - n`gilb]; - B - n`gilb]; - C - n`gilb]; - D - n`gilb]; - E **n`gililb]; - A:**  ➢ n`gililb]; A itu]; %yk; n`gilb]; A Vw;gLfpwJ.		ftdpj;jy;

		➢ n`gilb]; B apdhy; ghjpf;fgl;lthpd; fopTfs; Rj;jkhd ePhpNyh my;yJ cztpNyh fyf;Fk; NghJ mRj;jkhfpwJ me;j mRj;jkhd ePh; kw;Wk; czitmUe;Jk; NghJ n`gilb]; A itu]; guTfpwJ. ➢ ,e;j Neha; mRj;jkhd ePh; my;yJ czT> kw;Wk; jdpg;gl;l Rfhjhukpd;ikAld; neUf;fkhf njhlh;GilaJ.,e;j Neha; Foe;ijfsplk; nghJthf fhzg;gLfpwJ.,J Fwfpa fhy njhw;W. ,J 6 khjq;fs; tiu ePbj;j Neha; Vw;gLfpwJ. Mdhy; tof;fkhd kpjkhd Neha; Vw;gLfpwJ. <u>n`gilb]; - B</u> :  ➢ n`gilb]; Bfy;yPuiy ghjpf;ff;$baJ MFk;. n`gilb]; Bvd;gJ n`gilb]; B itu]hy; Vw;glf;$baJ. ,J xU ePz;lfhy njhw;W. ➢ ,J xU Kf;fpa cyf Rfhjhu gpur;ridahf jpfo;fpwJ. ➢ ,J ehs;gl;l Neha; njhw;iw Vw;gLj;jf; $Lk;. ,jdhy; tUk; fy;yPuy; mou;r;rp kw;Wk;		

		fy;yPuy; Gw;WNehahy; Vw;gLk; kuz mghaj;jpy; kf;fis itf;fpwJ. <u>n`gilb]; - C:</u> ➢ n`gilb]; C itu]; %yk; n`gilb]; CVw;gLfpwJ. ➢ ,J xU ePz;l fhy njhw;W. ➢ xU rpy thuq;fs; ePbj;jpUf;Fk; cly;eyf;FiwT Nehahy; nkd;idahd Nehapy; ,Ue;J jPtpu jd;ik mjpfhpf;fpwJ. <u>n`gilb]; - D</u> : ➢ n`gilb]; D itu]; %yk; n`gilb]; DVw;gLfpwJ. ➢ n`gilb]; D itu]hdJ Vw;fdNt n`gilb]; B apy; ghjpf;fg;gl;Ls;stHfisg; ghjpf;fpwJ. ,J n`gilb]; B itu]pd; gpujpgypg;Gf;F Njitg;gLfpwJ. ➢ n`gilb]; D Neha; jhf;fk; n`gilb]; B itu]; ,y;yhj epiyapy; Vw;glhJ. <u>n`gilb]; - E</u> : ➢ n`gilb]; Evd;gJ n`gilb]; E itu]hy;		ftdpj;jy;

		Vw;glf;$baJ. ➢ n`gilb]; E itu]; xU NeHkiwahd czHT. xw;iwj; JzpTs;s> hpg;gd; Gy;ypd; mkpy kugZ. **fhuzq;fs;** : ➢ n`gilb]; - A &E : ✓ Rfhjhukw;w czT ✓ jdpg;gl;l Rfhjhukpd;ik ✓ n`gilb]; itu]; ghjpf;fg;gl;Ls;stHfsplk; neUq;fpa njhlHG. ✓ khRg;gl;l fopTg;nghUl;fspypUe;J kz; ✓ ngUe;jpuy; $l;lk; kw;Wk; khRg;gl;l Rfhjhuk; ➢ n`gilb]; - B & D: ✓ gy Jizfis nfhz;ltHfs;. ✓ IV Nghij gof;fk; cs;stHfs; ✓ ,uj;j ghpkhw;wk;. ✓ gr;ir Fj;Jjy; ✓ ghjpf;fg;gl;l jhaplk; ,Ue;J Nra;f;F. ➢ n`gilb]; - C : ✓ ghpNrhjpf;fg;gl;l ,uj;j ghpkhw;wk;. ✓ ghjpf;fg;gl;ltHfspd; Crpia kPz;Lk; gad;dLj;Jjy;.		ftdpj;jy;

3 epkpl k;	n`gilb]; Vw;gl;l mjpf tha;g;Gs;s fhuzpfs;  n`gilb]; guTk;	✓ ghjpf;fg;gl;l egUld; Nu]H> Nghd;wtw;iw gfpHe;J nfhs;Sjy; ✓ ghjpf;fg;gl;ltHfSld; clYwT. **guTk; topfs; :** <u>n`gilb]; - A & E :-</u> - ,J fopT – tha; topahf guTk;. Mjd; NehaUk;Gfhyk; 15-y; ,Ue;J 45 ehl;fs; tiu. - n`gilb]; Neha; cs;stHfsplk; neUf;fkhd njhlHG. - Rfhjhukw;w iffs; - mRj;jkhd Rw;W#oy; - khRgl;l jz;zPH my;yJ czT - kpf mhpjhf ,uj;j ghpkhw;wj;jpd; NghJ guTk; <u>n`gilb]; - B & D :-</u>  n`gilb]; B itu]; ,uj;jk; kw;Wk; cly; jputq;fs; %yk; guTfpwJ. ,jd; NehaUk;G fhyk; 30y; ,Ue;J 180 ehl;fs; tiu - ghJfhg;gw;w clYwT - Neha; jhf;fpa xUtH gad;gLj;jpa Crpia	n`gilb]; Vw;gl;l mjpf tha;g;Gs;s fhuzpfs;	

5 epkpl k;	topfs;	gad;gLj;Jjy; - gr;ir Fj;Jjy; kw;Wk; ghjpf;fg;gl;l Crpfspd; %ykhf JisapLjy; - jdpg;gl;l eghpd; Nu]H> ^j; gpu\; Mfpatw;iw gfpHe;J nfhs;Sjy; - Xhpd NrHf;if - jhaplk; ,Ue;J Nra;f;F n`gilb]; -C :- ,J ,uj;jk; kw;Wk; ,uj;jk; rk;ge;jkhd nghUl;fspd; %yk; kl;LNk gutf;$baJ. ,jd; NehaUk;Gfhyk; 15y; ,Ue;J 60 ehl;fs;. ,J nghJthf : - Nehapdhy; ghjpf;fg;gl;ltHfspd; Crpfis gad;gLj;Jjy; - Nehapdhy; ghjpf;fg;gl;lthpd; jdpg;gl;l nghUl;fis cgNahfpj;jy; - Neha; cs;stHfspd; ,uj;jj;ij njhLjypd; %yk; guTk; - gr;ir Fj;Jjy; kw;Wk; ghjpf;fg;gl;l Crpfspd; %yk; JisapLjy;	n`gilb]; guTk; topfs;	ftdpj;jy;

		mwpFwpfs; : n`gilb]; - A : nghpatHfSf;F Foe;ijffis tpl Nehapd; mwpFwpfs; mjpfkhf fhzg;gLk;. 90% mwpFwpfis fhzKbahJ. ✓ grpapd;ik ✓ Fkl;ly; ✓ the;jp ✓ fha;r;ry; ✓ kQ;rs;fhkhiy  6 tajpw;Fl;gl;l Foe;ijfSf;F nghJthf Fwpg;gplj;jf;f mwpFwpfs; vJk; fhdg;glhJ. 10%kQ;rs;fhkhiy tu tha;g;Gs;sJ.  n`gilb]; - B : ✓ kpjkhd fha;r;ry; ✓ jiytyp ✓ tapw;Wtyp ✓ grpapd;ik n`gilb]; C :		ftdpj;jy;

5 epkpl k;	n`gilb]pd; mwpFwpfis fye;jha;jy;	n`gilb]; cs;s gy egHfSf;F mwpFwpfs; vJTk; ,Uf;fhJ. fPo;fz;l mwpFwpfs; - fha;r;ry; - NrhHT - grpf;fhky; ,Uj;jy; - Fkl;ly; - the;jp - tapw;Wtyp - jir kw;Wk; %l;L typ - kQ;rs;fhkhiy  n`gilb]; - D : n`gilb]; Bcs;stHfSf;F n`gilb]; D tu tha;Gs;sJ. - kQ;rs;fhkhiy - Fkl;ly; - the;jp - cly;NrhHT - tapw;Wtyp - fy;yPuy; mow;rp	n`gilb]pd; mwpFwpfis fye;jha;jy;	ftdpj;jy;

		n`gilb]; - E: - kpjkhd fha;r;ry; - grpapd;ik - Fkl;ly; - the;jp - tapw;Wtyp - mhpg;G - %l;Ltyp - kQ;rs;fhkhiy **kUj;Jt ghpNrhjid KbTfs; :** - cly; ghpNrhjid - USG];Nfd; - ,uj;j ghpNrhjid - fy;yPuy; nray;ghL Nrhjid **rpfpr;ir Kiwfs;**		ftdpj;jy;

	kUj;Jt ghpNrhjid KbTfis Ghpe;J nfhs;Sjy;	n`gilb]; - A :  ,jw;F jdpahf jdpahf rpfpr;irfs; vJTk; ,y;iy ,jd; Kf;fpa Nehf;fk; mwpFwpfis Fiwf;fTk; kw;Wk; ,ju rpf;fy;fis tuhky; jLg;gNj MFk;.  mwpFwpfSf;F Vw;whh; Nghy; kUj;Jfs; toq;fg;gLk;  n`gilb]; - B : Mz;b – ituy; kUe;J vLj;Jf;nfhs;s Ntz;Lk; ,jid 1-2 tUlq;fSf;F vLj;Jf;nfhs;s Ntz;Lk;. tPl;L rpfpr;ir KiwfSk; mlq;Fk; mit - ed;whf rhg;gpLtJ - jz;zPh; mUe;j Ntz;Lk; - kJ mUe;j $lhJ ,itfs; my;yhJ mwpFwpfSf;F Vw;whh; Nghy rpfpr;ir	kUj;Jt ghpNrhjid KbTfis Ghpe;J nfhs;Sjy;	ftdpj;jy;

3 epkplk; 5 epkplk;	n`gilb]pd; rpfpr;ir Kiwfs;	mspf;f Ntz;Lk;. <u>n`gilb]; - C</u>  ✓ n`gilb]; - C rpfpr;irapd; ,yf;F Fzg;gLj;JtNj Mfk;. mjhtJ fy;yPuy; Neha; kw;Wk; fy;yPuy; nratpog;ig jLj;jy;. ✓ mwpFwpfiy tpLtpj;jy;> fy;yPuy; Neha;fhd mghaj;ij Fiwj;jy; ✓ Muhk;gu epiy rpfpr;ir jpl;lq;fs; • Crp kw;Wk; tha;top rpfpr;ir ✓ ,jd; rpfpr;ir fhyk; 3 khjk; Kjy; 6 khjq;fs; tiu. <u>n`gilb]; - D</u>  ,jw;F jdpahf ve;j rpfpr;irKiwfSk; fpilahJ. n`gilb]; - B ia rhpnra;jhNy ,jd; tPhpak; FiwAk;.	n`gilb]pd; rpfpr;ir Kiwfs;	

		n`gilb]; - E  vyf;l;Nuhiyl;fs; kpfTk; mtrpak;  ✓ nghl;lhrpak; FnshiuL ✓ fhy;rpak; FSf;NfhNdl;  Mz;bituy; kUe;Jfs; 3 khjq;fSf;F nfhLf;fgLfpwJ.  **jLg;G Kiwfs;** i`gilb]; vd;gJ Rafl;LgLj;jp NehahFk; mJ jd;id jhNd rhp nra;J nfhs;Sk;. n`gilb]; Neha;f;fhd Kf;fpa jLg;Gkiw jLg;g+rp MFk;.  n`ggilb]; - A ▪ Foe;ijfSf;F jLg;g+rp nghl Ntz;lk; ▪ n`gilb]; - A jLg;g+rp ,uz;L Nlh]; NghlNtz;Lk; Kjy;		ftdpj;jy;

	n`gilb]pd;	Nlh]; gpwe;j clDk;> kw;Nwhd;W 6- 12 khjq;fspf;Fs; NghlNtz;Lk;. n`gilb]; - A f;F vjpudh ghJfhg;G muk;g jLg;g+rpf;F gpwF 2-4 thuq;fSf;F gpwF njhlh;fpwJ. ▪ jLg;G kUe;jpd; tPhpa fhyk; 15 Mz;Lfs; tiu ePbj;jphpf;F Rkhh; 25 Mz;Lfs; ePbf;Fk; <u>n`gilb]; - B</u> ▪ Kjy; Nlh]; gpwe;j clNd NghlNtz;Lk;. ,uz;L %d;W khjq;fSf;F gpwF ,uhz;lhtJ Nlh]; nfhLf;fgLk; <u>n`gilb]; C&E :</u> ▪ n`gilb]; C&E-f;F jLg;g+rpfs; VJk; ,y;iy. <u>n`gilb]; - D</u> ▪ ,jw;Fk; jLg;g+rpfs; fpilahJ. Mdhy; n`gilb]; - BjLg;g+rp nghl;bwpe;jhy; mtw;iw rhpnra;a	n`gilb]pd;	ftdpj;jy;

2 epkpl k;	jLg;GKiwfs;	KbAk;. **nghJthf** n`gilb]; A & E : ○ jd; Rj;jk; kpf mtrpak>; iffis rhg;gpLtjw;F Kd;Gk;> gpd;Gk; ed;F fOtNtz;Lk; kyk; fopj;j gpwFk; ed;F fOt Ntz;Lk;. ○ ek; Rw;W#oiy Rj;jkhf itj;jpUf;f Ntz;Lk;. mjhtJ Rj;jkhd jz;zPiu gad;gLj;jNtz;Lk; Rj;jkhdczit mUe;j Ntz;Lk-; ey;y ntf itj;j czT. ○ gpw ,lq;fSf;F gazk; nra;Ak;NghJ fz;l ,lq;fspy; jz;zPh; mUe;Jtij jtph;f;fNtz;Lk; ○ kJ mUe;Jjiy jtph;j;jy; n`gilb]; B,C & D ○ ghJfhg;ghd cly; cwT nfhs;Sjy; ○ xUth; gad;gLj;jpa Crpia kw;wth;fSf;F gad;gLj;j $lhJ ○ ghjpf;fgl;l jhaplk; ,Ue;E nra;aplk; guthky; ,Uf;f> jha;ghy; nfhLg;gij jtph;f;fNtz;Lk;.	jLg;GKiwfs;	ftdpj;jy;

		○ gy; Jyf;fpfs;> rtufj;jp> Nurh; Nghd;wtw;iw gfph;e;Jnfhs;s $lhJ. ○ ghJfhg;ghd ,uj;j gwpkhw;wk; **gpd;tpisTfs; :** n`gilb]; Muk;gj;jpNyNa fz;Lgpbj;J rpfpr;ir mspf Ntz;Lk;. ,y;iyNadpy; fPo;fz;l gpd; tpisTfs; Vw;gl$Lk;. ✓ fy;yPuy; nraypog;G ✓ fy;yPuy; mow;rp ✓ fy;yPuy; Gw;WNeha; ✓ igg;Nuhrp]; <u>kw;wit :</u> ○ tLjpR ○ ,uj;jg;Nghf;F rPh;FiyT ○ n`Ngbf; vd;nrgNyhgjp ○ Nghh;ly; cah; ,uj;j mOj;jk; **KbTiu :-** ❖ Nkw;fz;ltw;iw gpd;gw;Wtjd; %yk; n`gilb]; Nehapid jLf;fyhk;		

		❖ ,jd;%yk; n`gilb]; gw;wpa tpop;g;Gzh;T kw;Wk; **“tUKd; fhg;gNj rpwe;jJ”**		ftdpj;jy; ftdpj;jy;

	n`gilb]pd; gpd;tpisTfs;		n`gilb]pd; gpd;tpisTfs	ftdpj;jy;

2 epkpl k;				

ANNEXURE – E

CERTIFICATE OF VALIDATION

This is to certify that the tool developed by **Mrs.Vivina. A,** Final Year M.Sc Nursing student of Sri Gokulam College of Nursing, Salem (Affiliated to Tamil Nadu Dr.M.G.R. Medical University, Chennai) is validated and can proceed with this tool and content for the main study entitled **"A Study to assess the Effectiveness Structured Teaching Programme on Knowledge and attitude Regarding Hepatitis among Patients Attending Outpatient Department at Selected Hospital, Salem".**

Signature with Date

Designation

ANNEXURE - F

LIST OF EXPERTS

1. **DR.N. RAJESH MD., DNB.,DM.,**

   Consultant Gastroenterologist & Hepatologist,

   Sri Gokulam Hospitals,

   Salem.

2. **Mrs. IRAIMANI. M.Sc (N).,**

   Vice – Principal & Professor,

   Our Lady Of Health College of Nursing,

   Thanjavur.

3. **Mrs.THULASIMANI. M.Sc (N).,**

   HOD, Medical Surgical Department,

   Sakthi College of Nursing,

   Dindugal.

4. **Mrs.JEYANTHI, M.Sc (N)**

   HOD, Medical Surgical Department,

   Our Lady of Health College of Nursing,

   Thanjavur.

5. **Mrs.LAKSHMI, M.Sc (N)**

   Associate Professor

   Medical Surgical Nursing

   Nehru College of Nursing

   Trichy.

CERFIFICATE OF VALIDATION

This is to certify that the tool developed by **Mrs.A.Vivina,** Final Year M.Sc.(Nursing) student of Sri Gokulam College of Nursing, Salem (Affiliated to Tamil Nadu Dr.M.G.R. Medical University, Chennai) is validated and can proceed with this tool and content for the main study entitled **"A Study to assess the effectiveness of structured teaching programme on knowledge and attitude regarding hepatitis among patients attending outpatient department at selected hospitals, Salem".**

16/5/14

Signature with Date

Dr. N. RAJESH, M.D.,DNB.,DM(Gastro.)
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Reg-57449
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SALEM-636 004.

Designation

CERFIFICATE OF VALIDATION

This is to certify that the tool developed by **Mrs.A.Vivina,** Final Year M.Sc.(Nursing) student of Sri Gokulam College of Nursing, Salem (Affiliated to Tamil Nadu Dr.M.G.R. Medical University, Chennai) is validated and can proceed with this tool and content for the main study entitled **"A Study to assess the effectiveness of structured teaching programme on knowledge and attitude regarding hepatitis among patients attending outpatient department at selected hospitals, Salem".**

Signature with Date 19.06.18

PRINCIPAL,
Our Lady of Health School of Nursing,
V.O.C. Nagar, THANJAVUR-613 007.

Designation

VICE PRINCIPAL

CERFIFICATE OF VALIDATION

This is to certify that the tool developed by **Mrs.A.Vivina,** Final Year M.Sc.(Nursing) student of Sri Gokulam College of Nursing, Salem (Affiliated to Tamil Nadu Dr.M.G.R. Medical University, Chennai) is validated and can proceed with this tool and content for the main study entitled **"A Study to assess the effectiveness of structured teaching programme on knowledge and attitude regarding hepatitis among patients attending outpatient department at selected hospitals, Salem".**

19/05/18

Signature with Date

(Associate Professor)

Designation

Sakthi College of Nursing
Sakthi Nagar, Palakkanuthu
Dindigul - (Dist)
624 624

CERFIFICATE OF VALIDATION

This is to certify that the tool developed by **Mrs.A.Vivina,** Final Year M.Sc.(Nursing) student of Sri Gokulam College of Nursing, Salem (Affiliated to Tamil Nadu Dr.M.G.R. Medical University, Chennai) is validated and can proceed with this tool and content for the main study entitled **"A Study to assess the effectiveness of structured teaching programme on knowledge and attitude regarding hepatitis among patients attending outpatient department at selected hospitals, Salem".**

Signature with Date 6/6/18

Designation
Associate Professor.

CERTIFICATE OF VALIDATION

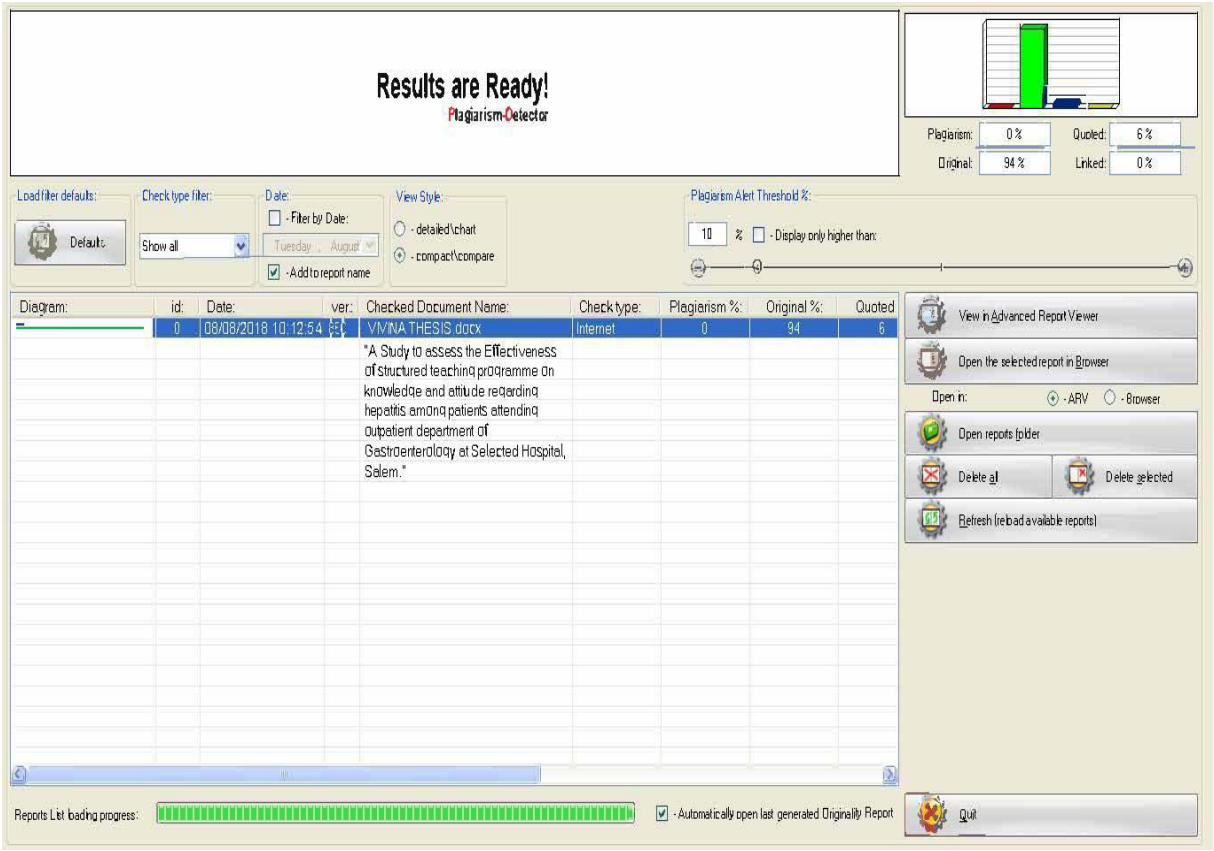
This is to certify that the tool developed by **Mrs.A.Vivina** final year M.Sc (Nursing) student of Sri Gokulam College of Nursing Salem (Affiliated to Tamil Nadu Dr.M.G.R Medical university, Chennai) is validated and can proceed with this tool and content for the main study entitled **"A Study to assess the effectiveness of structured teaching programme on knowelegede and attitude regarding hepatitis among patients attending outpatient department at selected hospitals , Salem.**

Signature with date

Designation

ANNEXURE – H

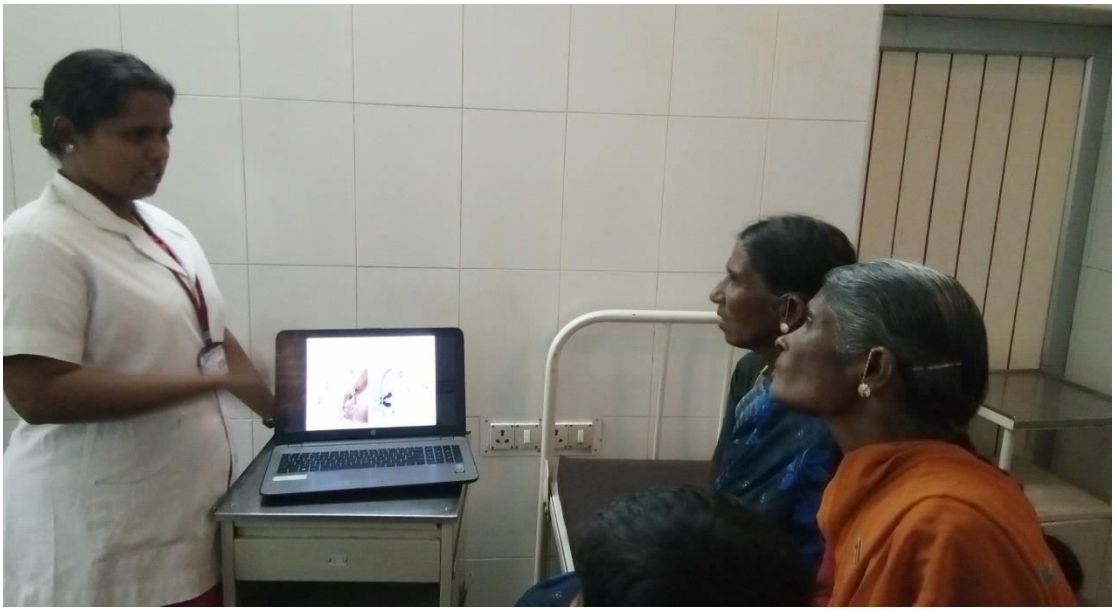
CERTIFICATE OF PLAGIARISIM



ANNEXURE I

PHOTOS

Investigator Assessing the Knowledge and Attitude level of Patient



Investigator providing intervention.